CR2E034 (11/98)

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1999



Secretary of State DIVISION OF CORPORATIONS

99 MAR 24 PM **3: 0**6 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

DOCUMENT # **L92254** 1. Corporation Name

ZOM COMMUNITIES, INC.

Principal Place of Business		Mailing Address				
1950 SUMMIT PARK DI SUITE 300 ORLANDO FL 32810	RIVE	1950 SUMMIT PARK DRIVE SUITE 300 ORLANDO FL 32810				
2. Principal Place of	Business	2a Mailing Address				
21		26]				
Suite, Apt. #, etc.		Suite, Apt. #, etc				
22		[27]				
Crty & State		City & State				
23		28				
Zip	Country	Zφ	Country			
24	[25]	29	[30]			
<del></del>	lame and Address of Cu	rrent Registered Agent	` ' 1			
			81 Na	me		
	d, Joost, P Mit Park dr		82 St	reet Ą		

	DO NOT WRI	TE IN TH	IS SPACE			
3.	Date Incorporated or Qualified					
	08/09/1990					
4.	F£1 Number		114	Applied For		
	59-3022876			Applied For Not Applicable		
5.	Certificate of Status Desired	[]	\$8.75 Additional Fee Required			
6.	Election Campaign Financing Trust Fund Contribution	[	\$5,00 May Be Added to Fees			
8.	This corporation owes the current year Intangible					
	Personal Property Tax		[ ] Yes	[]No		
	Alama and Address of Name C					

ERIC F.J. BOSCHMANS Address (P.O. Box Number is Not Acceptable)
1950 SUMMIT PARK DRIVE 83 SULTE

85 Zip Code 32810 ORCANDO 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation solunds this statement for the purpose of changing its registered office or registered esent or both, to the State of Flouda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lanctamilian with the provisions of, Section 607.0503, Florida Statutes. Thomas State F. J. Boschmans

84

STE 300

ORLANDO FL 32810

	signature, typen or protegradue of registered age it and little if a	application (NOTE	Register E-XOCUTIV
12	OFFICERS AND DIREC	TORS	13.
TITLE	DP	[ ] DELETE	VATHLE
NAME	PATTERSON, STEVEN W.		12 NAME
STREET ADDRESS	1950 SUMMIT PARK DR		1.3 STREET ADORESS
CITY-ST-ZIP	ORLANDO FL 32810		14 CITY - S1 - ZIP
TITLE	VST	[   DELETE	21 TillE
NAME	BOSCHMANS, ERIC, F.J.		2.2 NAME
STREET ADDRESS	1950 SUMMIT PARK DR, STE 300		23 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32810		2 4 C/TY-\$1-Zif*
TITLE		[ ] DELETE	31TII_F
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY-ST-SIP			34 CITY-S1-ZIP
TITLE &		( ) DELETE	4.1 TITLE
NAME	1		4 2 NAME
STREET AUTORESS			43 STREET ADDRESS
CiTY-ST-ZIP			4.4 CITY+\$T+ZIP
TITLE		[   DELETE	5.1 DILLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-2IP			5.4 CiTy-\$1, ZiP
TITLE		[   DELETE	6 1 TITLE

re Vice President ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 

> -04/01/99--01060--016 \*\*\*\*150.00 \*\*\*\*150.00

[ | Change

[ | Change

[ ] Addition

[ | Change [ ] Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 it have the composition of the corporation of the receiver or an attentionally with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

TED NAME OF SIGNING OFFICER OR DIRECTOR

401-644-6300