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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # S8259! ZOM RESIDENTIAL SERVICES, IN	C.			
Principal Place of Business 2269 LEE ROAD	Mailing Address 2269 LEE ROAD		ן הרוש אינוש אינוש אינוש אינוש אינושה אי אינושה אינושה	ne meder meder debei menet delde dedes 1644
WINTER PARK FL 32789	WINTER PARK FL 32789	7216		
			3. Date Incorporated or Qualified	3a. Date of Last Report
			09/25/1991	04/19/1996
2. Principal Place of Business	28. Mailing Address		4. FEI Number	Applied For
Tullo Aut # ata	26 Suite Ast # sta		59-3083934	Not Applicable
Suite, Apt #, etc 2	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	·	6. Election Campaign Financing	\$5.00 May Be
3	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for	
4] [25]	[29]	30]		Yes No
9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New R	egistered Agent
BOSCHMANS, ERIC F.J. 2269 LEE ROAD				
WINTER PARK FL 32789		82 Street Ad	ddress (P.O. Box Number is Not Accepta	able)
WHITEH FARIN I E SEIGE		83	**************************************	<u> </u>
		84 City		Tet 7.0 Code
		City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607.05 effice or registered agent, or both in the State 	02 and 607.1508, Florida Statu	ites, the above-named co	orporation submits this statement for the	purpose of changing its registered
office or registered agent, or both, in the Stat agent. Fam familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 607.0505, F	authorized by the corpo- lorida Statutes.	ration's board of directors, thereby acce	apt the appointment as registered
SIGNATURE	_			
SIGNATURE Supervine typical or printed nation of registered by	_	authorized by the corpo- lorida Statutes. TE Registered Agent signature re-		DATE
SIGNATURE Signature typical or provided manife of registered at 2. OFFICERS AT	gent and little if applicable (NC	TE: Registered Agent signature re	qurêd when reinstêting)	DATE
SIGNATURE Signature typed or printed name of registered at 2. OFFICERS AT ILLE C	gent and little if applicable (NC	DTE Registered Agent signature re-	qurêd when reinstêting)	DATE ICERS AND DIRECTORS IN 12
SIGNATURE Signs out 1/1/451 or printed name of registered at 2. OFFICERS AT ILLE ILLE CAME IREEL ADDRESS SIGNATURE	gent and little if applicable (NC	13.	qurêd when reinstêting)	DATE ICERS AND DIRECTORS IN 12
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Apr 16 1997 8:00am

Secretary of State

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