Fee Required

\$5.00 May Be

Added to Fees

[]No

[| Yes

FILED

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

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State

DOCUMENT # \$82595 1. Corporation Name

ZOM RESIDENTIAL SERVICES, INC.

99 HUR 24 FH 12: 44 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address		
1960 Summit Park Drive Suite 300	1950 SUMMIT PARK DRIVE SUITE 300		
ORLANDO FL 32810	ORLANDO FL 32810	DO NOT WRIT	E IN THIS SPACE
		3. Date Incorporated or Qualifed	
		09/25/1991	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3083934	Not Applicat
Suite, Apt. #, etc	Suite, Apt. #, etc	Codule ato of Status Dougod	\$8.75 Additional

Country

30

21		26	
	Suite, Apt. #, etc	[]	Suite, Apt. #, etc.
22		27	
	City & State		City & State
23		28	
	Zip Country		Ζιρ
24	25	29	
	A Name and Address of Custont B	en mil	ctored Agent

BOSCHMANS, 1950 SUMMIT	
STE 300 ORLANDO FL	32810

	Personal Property Tax [1]	Ye:
	10. Name and Address of New Registered Age	nt
81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
вз		-
84	City	. (

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's bhard of directors. Thereby accept the appointment as registered

12.	Signature, typed or product name of registered agreement the of epidemiol OFFICERS AND DIRECTOR		Registered Agent signal me require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	[DELFTE	11 TILE	[Change
NAME	DURA, DANIEL		12 NAME	
STREET ADDRESS			13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		14 C/1Y-S1-ZiP	
TITLE	CEOD	[DELETE	2 1 THLE	[] Change [] Addition
NAME	PATTERSON, STEVEN W.		2.2 NAME	5000028263957 -04/01/9901060007
STREET ADDRESS	1950 SUMMIT PARK DR, STE 300		2.3 STREET ADDRESS	-(14/01/33~-01060001 ****150.00 ****150.00
CITY-ST-ZIP	ORLANDO FL 32810		2.4 CHY-ST-ZIF	****150.00 ****150.00
TITLE	DVST	[DELETE	3.1 TITLE	[] Charige [] Addition
NAME	BOSCHMANS, ERIC F.		32 NAVE	
STREET ADDRESS	1950 SUMMIT PARK DR, STE 300		33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		34 CITY-ST-784	
TITLE	P	[DELETE	4 1 TiTLE	[Change
NAME	BUCK, STEVE		4 2 NAME	
STREET ADOMESS	1950 SUMMIT PARK DR, STE 300		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810		4.4 CHY-S1-ZiF	
TITUE		[] DELETE	SITIFLE	[] Change
NAME			5.7 NAME	
STREET ADDRESS			5.3 STREE CADDRESS	
CITY-ST-ZIP			54 OTY-51-ZiP	
TITLE		[_] DET&1E	61 TITLE	[] Change [] Addition
NAME			6.2 NAM	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-21F	

14. Thereby 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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the religier or trustee empowered execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

FO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR ERIC BOSCHMANS

407-644-6300

CR2E034 (11/98)