

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT # G37191 (5)**  
 1. Corporation Name  
**ANTOMA CORPORATION**

Principal Place of Business: **324 BERNARD AVE SARASOTA FL 34243 US**  
 Mailing Address: **324 BERNARD AVENUE SARASOTA FL 34243-1904 US**

2. Principal Place of Business 21 <b>145 Cleveland Dr</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>145 Cleveland Dr</b> Suite, Apt. #, etc.
22 City & State 23 <b>Sarasota, Fla.</b>	27 City & State 28 <b>Sarasota, Fla</b>
24 Zip <b>34236</b> 25 Country <b>U.S.</b>	29 Zip <b>34236</b> 30 Country <b>U.S.</b>

3. Date Incorporated or Qualified <b>05/05/1983</b>	3a. Date of Last Report <b>08/05/1996</b>
4. FEI Number <b>59-2305466</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GARRABRANT, MARIE**  
**324 BERNARD AVENUE**  
**SARASOTA FL 34243**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Marie Garrabrant* *Marie Sandherr* **4-23-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GARRABRANT, MARIE</b>	
STREET ADDRESS	<b>324 BERNARD AVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CACEVES, SUSAN</b>	
STREET ADDRESS	<b>324 BERNARD AVE</b>	
CITY-ST-ZIP	<b>SARASOTA FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Marie Garrabrant</b>	
1.3 STREET ADDRESS	<b>145 Cleveland Dr</b>	
1.4 CITY-ST-ZIP	<b>Sarasota, Fla 34236</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marie Sandherr* **4-23-97 941-388-4209**

CR2E034 (9/96)