

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 21 145 Cleveland Dr Suite, Apt. #, etc. 22 City & State Sarasota, FLA. 23 Zip 34236 24 Country U.S.	2a. Mailing Address 26 145 Cleveland Dr Suite, Apt. #, etc. 27 City & State Sarasota, FLA 28 Zip 34236 29 Country U.S.	3. Date Incorporated or Qualified 05/05/1983 3a. Date of Last Report 08/05/1996 4. FEI Number 59-2305466 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 FL 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 1 Marie Sanabrant 4-23-97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS TITLE PD NAME GARRABRANT, MARIE STREET ADDRESS 324 BERNARD AVE CITY-ST-ZIP SARASOTA FL TITLE VD NAME CACEVES, SUSAN STREET ADDRESS 324 BERNARD AVE CITY-ST-ZIP SARASOTA FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME Marie Garrabrant 1.3 STREET ADDRESS 145 Cleveland Dr 1.4 CITY-ST-ZIP Sarasota, FLA 34236 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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 Sanabrant 4-23-97 941-388-4209

CR2E034 (9/96)