

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED
Feb 25 1997 8:00 am
Secretary of State

DOCUMENT # P95000022249 (3)

1. Corporation Name
SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.



Principal Place of Business
**6018 SW 18TH ST
#C2
BOCA RATON FL 33433
US**

Mailing Address
**6592 PATIO LANE
BOCA RATON FL 33433-6605
US**

3. Date Incorporated or Qualified 03/20/1995	3a. Date of Last Report 02/27/1996
4. FEI Number 65-0580048	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**B & C CORPORATE SERVICES, INC.
MIAMI CENTER
201 S BISCAYNE BLVD SUITE 3000
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name SCOTT GARONZIK
82 Street Address (P.O. Box Number is Not Acceptable) 6592 PATIO LN
83 City BOCA RATON
84 State FL
85 Zip Code 33433

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 *Scott Garonzik* DATE **2-17-97**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	GARONZIK, NICOLE	
STREET ADDRESS	6592 PATIO LANE	
CITY - ST - ZIP	BOCA RATON FL 33438	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GARONZIK, PEARL	
STREET ADDRESS	SEDFIELD TERR	
CITY - ST - ZIP	BOCA RATON FL 33498	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GORDON, SANDI	
STREET ADDRESS	8241 CASSIA TERR	
CITY - ST - ZIP	TAMARAC FL 33231	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GARONZIK, SCOTT	
STREET ADDRESS	6592 PATIO LANE	
CITY - ST - ZIP	BOCA RATON FL 33433	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	PRESIDENT <input type="checkbox"/> Change <input checked="" 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: *Scott Garonzik* DATE: **1/30/97** DAYTIME PHONE #: **391-7099**

CR2E034 (9/96)