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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022249 1. Corporation Name

SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

ONG EA	JOJONA I NOOMENO ETE			· 	·			
Principal Place	of Business	Mailing Address				1 10011041 112 12101 2111 2211 2211		
018 SW 18TH		6592 PATIO LANE						.•
FC2		BOCA RATON FL 33433			·	DO NOT WRITE IN	THIS SPACE	
SOCA RATON I	FL 33433	US				3. Date Incorporated or Qualifed	INIS SPACE	-
JS					11.0	03/20/1995	··	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number 65-0580048	No	plied For t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
City & State	9	City & State			· .	6. Election Campaign Financing	\$5.00	
3		28			<u>. </u>	Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip .	Coun	try		8. This corporation owes the current year		No
4	25	29	30			Personal Property Tax.	Yes Yes	
	9. Name and Address of Curre	nt Registered Agent		B1	Name	10. Name and Address of New Registe	sted Agent	
RAC	CODDODATE SERVIC ES		[' '	Name	-		
MIAMI CENTER					Street Addre	Address (P.O. Box Number is Not Acceptable)		
	S. BISCAYNE BLVD., STE 3000		į,	83				
MIAR	VII FL 33131		1	84 (City	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	85 Zip (Code
		programme and the second			•		FL " -,	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	tes, the ab	ove-r	named corp	oration submits this statement for the purpor	se of changing its	registered
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14. I 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 combination or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: