

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000035609 (4)

1. Corporation Name
SARDONYX, INC.



Principal Place of Business
1520-360 ROYAL PALM SQUARE BLVD.
FORT MYERS FL 33919

Mailing Address
1520-360 ROYAL PALM SQUARE BLVD.
FORT MYERS FL 33919

3. Date Incorporated or Qualified 05/11/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0507790	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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

MILLER, ERIC C
1520-360 ROYAL PALM SQUARE BLVD.
FORT MYERS FL 33919

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

Signature typed or printed name of registered agent, and then applicable:

(Print Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	NAME
NAME	LOHR, ROBERT	2. TITLE	NAME
STREET ADDRESS	P.O. BOX 10805 (N/A)	3. STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15236	4. CITY-ST-ZIP	
TITLE	NAME	5. TITLE	NAME
NAME	ANDRASIC, VIVIEN	6. TITLE	NAME
STREET ADDRESS	P.O. BOX 161 (N/A)	7. STREET ADDRESS	
CITY-ST-ZIP	GREENOCK PA 15047	8. CITY-ST-ZIP	
TITLE	NAME	9. TITLE	NAME
NAME	MILLER, ERIC C	10. TITLE	NAME
STREET ADDRESS	1520-360 ROYAL PALM SQUARE BLVD.	11. STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	12. CITY-ST-ZIP	
TITLE	NAME	13. TITLE	NAME
NAME		14. STREET ADDRESS	
STREET ADDRESS		15. CITY-ST-ZIP	
CITY-ST-ZIP		16. TITLE	NAME
TITLE	NAME	17. TITLE	NAME
NAME		18. STREET ADDRESS	
STREET ADDRESS		19. CITY-ST-ZIP	
CITY-ST-ZIP		20. TITLE	NAME
TITLE	NAME	21. TITLE	NAME
NAME		22. STREET ADDRESS	
STREET ADDRESS		23. CITY-ST-ZIP	
CITY-ST-ZIP		24. TITLE	NAME
TITLE	NAME	25. TITLE	NAME
NAME		26. STREET ADDRESS	
STREET ADDRESS		27. CITY-ST-ZIP	
CITY-ST-ZIP		28. TITLE	NAME
TITLE	NAME	29. TITLE	NAME
NAME		30. STREET ADDRESS	
STREET ADDRESS		31. CITY-ST-ZIP	
CITY-ST-ZIP		32. TITLE	NAME
TITLE	NAME	33. TITLE	NAME
NAME		34. STREET ADDRESS	
STREET ADDRESS		35. CITY-ST-ZIP	
CITY-ST-ZIP		36. TITLE	NAME
TITLE	NAME	37. TITLE	NAME
NAME		38. STREET ADDRESS	
STREET ADDRESS		39. CITY-ST-ZIP	
CITY-ST-ZIP		40. TITLE	NAME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 in an agreement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Mo/Yr Phone #

4-17-96

CR2E034 (12/95)