

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000022249 (3)**

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



Principal Place of Business: [Redacted]
Mailing Address: [Redacted]

3. Date Incorporated or Qualified: **03/20/1995**
3a. Date of Last Report

21. Principal Place of Business: **6018 SW 18th ST**
22. Suite, Apt #, etc.: **CY**
23. City & State: **Boca Raton FL**
24. Zip: **33433** 25. Country: **USA**
26. Mailing Address: **6592 patio lane**
27. Suite, Apt #, etc.
28. City & State: **Boca Raton FL**
29. Zip: **33433** 30. Country: **USA**

4. FEI Number: **65-0580048**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1509, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	SCOTT GARONZIK	
STREET ADDRESS	6592 patio LN	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	NIACLE GARONZIK	
STREET ADDRESS	6592 patio LN	
CITY-STATE-ZIP	BOCA RATON FL 33433	
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	RENEE GARONZIK	
STREET ADDRESS	JEDGEFIELD TERR	
CITY-STATE-ZIP	BOCA RATON, FL 33498	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	SANDY GORDON	
STREET ADDRESS	8241 CASSIA TERR	
CITY-STATE-ZIP	TAMARAC, FL 33321	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

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 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 amended, or on an attachment with an address.

SIGNATURE: *[Signature]* **SCOTT GARONZIK PRESIDENT 2/2/96 401/391-7099**

CR2E034 (12/95)