

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
May 09 1997 8:00 am
Secretary of State

DOCUMENT # P95000022249 (3)
1. Corporation Name

SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

Principal Place of Business

Mailing Address

**6018 S.W. 18 Street
#C-2
Boca Raton FL 33433
US**

**6592 Patio Lane
Boca Raton FL 33433
US**

*******AMENDED*******

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 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. State, 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

Scott Garonzik
6592 Patio Lane
Boca Raton FL 33433

10. Name and Address of New Registered Agent

81. Name
B & C Corporate Services, Inc.

82. Street Address (P.O. Box Number is Not Acceptable)
Miami Center

83.
201 S. Biscayne Blvd., Suite 3000

84. City
Miami

85. Zip Code
FL 33131

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 officer 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 *Nicole Garonzik* **5-1-97**

Signature of typeface printed name of registered agent and not applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 checked="" type="checkbox"/> DELETE
NAME	GARONZIK, SCOTT
STREET ADDRESS	6592 PATIO LANE
CITY-ST-ZIP	BOCA RATON FL 33438
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	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GARONZIK, NICOLE
1.3 STREET ADDRESS	6592 PATIO LANE
1.4 CITY-ST-ZIP	BOCA RATON FL 33438
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	<input type="checkbox"/> Change <input 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	800002175468
6.3 STREET ADDRESS	-05/12/97--01133--029
6.4 CITY-ST-ZIP	***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: NICOLE GARONZIK *Nicole Garonzik* **5-1-97** **(561) 391-7099**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)