
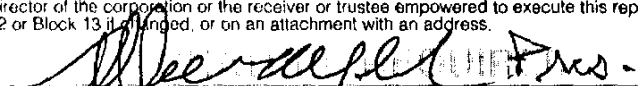


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000084617 (5)					
1. Corporation Name OMNIGENE DIAGNOSTICS, INC.					
Principal Place of Business 421 S. OLIVE AVE WEST PALM BEACH FL 33401			Mailing Address 421 S. OLIVE AVE WEST PALM BEACH FL 33401-5805		
2. Principal Place of Business			2a. Mailing Address		3. Date Incorporated or Qualified 10/10/1996
21	Suite, Apt. #, etc.		26	P.O. Box 3363	
22	City & State		27	City & State	
23	Zip		28	West Palm Beach FL	
24	Country		29	33402-3363	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SCACCI, DOMINIC A 421 S. OLIVE AVE WEST PALM BEACH FL 33401			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 title if applicable (NOTE: Registered Agent signature required when reinstating)					
DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D		1.1 TITLE	President	
NAME	SCACCI, DOMINIC A		1.2 NAME	Daryl Seemayer	
STREET ADDRESS	421 S. OLIVE AVE		1.3 STREET ADDRESS	421 S. Olive Ave	
CITY-ST-ZIP	WEST PALM BEACH FL 33401		1.4 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE			2.1 TITLE	Secretary	
NAME			2.2 NAME	Michael Turner	
STREET ADDRESS			2.3 STREET ADDRESS	421 S. Olive Ave	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	West Palm Beach FL 33401	
TITLE			3.1 TITLE		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE			4.1 TITLE		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE			5.1 TITLE		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE			6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:  Pres. 4/29/97 561-833-1001					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)