

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

99 JAN 19 AM 10:15
RECEIVED
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001096

STERILUX, LTD.



Mailing Address

4520 LEE HWY #202
ARLINGTON VA 22207

Principal Office Address

1708 NORTH FEDERAL HIGHWAY
LAKE WORTH FL 33460

2. Mailing Address

Suite, Apt. #, etc

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc

City & State

Zip

Country

3. Date Formed or Registered

07/18/1995

3a. Date of Last Report

01/06/1998

4. State or Country of Formation

FL

6. FEI Number

65-0599127

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$34,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

8. Make checks payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ENDRUSCHAT, ALBERT J DDS
1708 NORTH FEDERAL HIGHWAY
LAKE WORTH FL 33460

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Numbers Not Accepted)

Suite, Apt. #, etc

City

FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

STERILUX, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1708 NORTH FEDERAL HI

11b. City, State & Zip Code

LAKE WORTH FL 33460

11c. Registration
Document Number

P95000051432

RECEIVED
02/09/99-01099-020
****326.75 ****326.75

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *STERILUX, INC BY Albert J. Endruschat*
Typed or Printed Name of General Partner Signing Form: A.J. ENDRUSCHAT, PRESIDENT

DATE: 12/10/98
Daytime Telephone Number: 561-585-0039

CR2E003 78/98