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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1997 DOCUMENT # **P93000050957** (8)

FLORIDA STERILIZER SERVICES, INC.

Principal Place of Business Mailing Address									
3460 DEPEW AVENUE PT. CHARLOTTE FL 33952		3460 DEPEW AVENUE PT. CHARLOTTE FL 33952-7015							
US	ÜS					3. Date incorporated or Qualified 07/15/1993		ate of Last F 19/1996	Report
2. Principal Place of Business 21	2a 26	. Mailing Address			·····	4. FEI Number 65-0429555		h	pplied For ot Applicable
Suite, Apt #, etc	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75	Additional equired
City & State 23	28	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees
Zip Country	1201	Zip	Co	untry		8. This corporation has liability for	<del></del>		
24 25	29		30				Yes		
9, Name and Address of Currer	nt Regis	stered Agent				10. Name and Address of New !	tegistered	Agent	
MARVIN C. TAYLOR				81	Name				
<del>-239 Depew Circle</del> 3460 Depew Avenue		82 Street			Street Add	dress (P.O. Box Number is Not Accept	able)		
PT. CHARLOTTE FL 33952				83					
				84	City		FL	85 Zip	Code
office or registered agent, or both, in the State agent, I am familiar with, and accept the oblig SIGNATURE  Signature, typed or protect name of registered age.  12. OFFICE RS AN	ent and title	in applicable (NO		ed Ape		ulred when reinstating) ADDITIONS/CHANGES TO OF	DATE		<del>-</del>
TITLE D		DELETE	1.1	TITLE				Change	☐ Addilio
HAMI TAYLOR, MARVIN C			1.21	NAME	j				
STREET ADDRESS 193 BEENEY RD.			1.33	STREET	ADDRESS				
Offy-S1-24P PORT CHARLOTTE FL 33952		DELETE		CITY - S	T-ZIP			Change	Additio
NAME POBUDINSKI, JOHN P		□ acces	- 1	TITLE NAME				T Cligation	L Aggain
STREET ADDRESS 17312 MARCY AVE.					ADDRESS				
CITY-ST-ZIP PORT CHARLOTTE FL 33948					ST-ZIP				
TILLE		DELETE		TITLE	31-20			Change	Additio
NAME			3.21	NAME				,	
STRET ADORESS			3.33	STREET	ADDRESS				
Offy-ST-7a*	···-		34.	CITY-	ST-ZIP				
THEF		☐ DELETE		TITLE	1			Change	Additio
NAME				NAME	1				
STREET ADDRESS					ADDRESS				
CHY-SI-76		☐ DELETE		CITY - S	T-ZIP		<del></del>	Change	Addition
THE NAME		- Arterit		IIILE Name				L. Grigarige	
STREET ADDRESS					ADDRESS				
CHY-ST-ZIP			- 6	CITY-S	ĺ				
THE		DELETE		TITLE	·····			Change	Additio
NAME				NAME					
STREET ADDRESS					ADDRESS				
CHY+S1-76°				CITY-S					

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 armual 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.

**FILED** 

Apr 15 1997 8:00am

Secretary of State