

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P 95000051432 (9)
1. Corporation Name
STERILUX, INC

Principal Place of Business Mailing Address

1708 N. FEDERAL Hwy
LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 6/29/1995 LAST REPORT 1997
4. FEI Number 65-0599125 ☒ 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 1708 N. FEDERAL Hwy 25 SAME
Suite, Apt. #, etc.

22 27

23 City & State LAKE WORTH, FL 28 City & State

24 Zip 33460 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Emdruschat, Albert G. S.D.B.
1708 N. Federal Highway
Lake Worth, FL 33460

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 Albert G. Emdruschat, S.D.B.

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 ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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☐ Change ☐ Addition

100002730141-4

-01/05/99-01036-008

***150.00 ☐ Change ☐ Addition

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14. I 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, on an attachment with an address.

SIGNATURE: Albert G. Emdruschat, S.D.B.

FILED

98 DEC 29 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (5/98)

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FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation authenticates 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 607.0504, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BY	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VALLE, OSCAR	12. NAME	
STREET ADDRESS	6621 NW 52ND STREET	13. STREET ADDRESS	
CITY-ST.-ZIP	CORAL SPRINGS FL	14. CITY-ST.-ZIP	
TITLE	D	15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JAMES J	16. NAME	
STREET ADDRESS	8040 LAKE WORTH ROAD	17. STREET ADDRESS	
CITY-ST.-ZIP	LAKE WORTH FL 33483	18. CITY-ST.-ZIP	
TITLE	D	19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURNEY, WILLIAM	20. NAME	
STREET ADDRESS	1453 "E" ROAD	21. STREET ADDRESS	
CITY-ST.-ZIP	LOXAHATCHEE FL 33470	22. CITY-ST.-ZIP	
TITLE	DTV	23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, ROBERT A	24. NAME	
STREET ADDRESS	4620 LEE HIGHWAY STE 202	25. STREET ADDRESS	
CITY-ST.-ZIP	ARLINGTON VA	26. CITY-ST.-ZIP	
TITLE	D	27. TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYNIEWSKI, CARL J	28. NAME	
STREET ADDRESS	7634 OAKMONT DRIVE	29. STREET ADDRESS	THOMAS C. RITTO 3401 S. FEDERAL HWY DELRAY BEACH FL 33483
CITY-ST.-ZIP	LAKE WORTH FL 33481	30. CITY-ST.-ZIP	
TITLE	P	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDRUSCHAT, AJ	32. NAME	
STREET ADDRESS	1708 N FEDERAL HIGHWAY	33. STREET ADDRESS	
CITY-ST.-ZIP	LAKE WORTH FL	34. CITY-ST.-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(b) Florida Statutes. I further certify that the information indicated on this filing is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation for the purpose of this filing and I am not to execute this report as required by Chapter 657, Florida Statutes, and that my name appears in Block "2" or Block "13" of changes, or on a filing with an address.

SIGNATURE: Robert A. O'Brien DATE: MAR. 12 1997 709527076

SIGNATURE OF PRESIDENT OR VICE PRESIDENT OR DIRECTOR: ROBERT A. O'BRIEN, DIRECTOR OFFICE PHONE: 0327261

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Memorandum

Date: 12/21/98

To: Florida Department of State
Division of Corporations
ATTN: Mr. Shawn Logan

From: SteriLux, Inc. by Albert J. Endruschat, D.D.S.

Subject: not receiving notice for Registration of Corporation

file=Flacorp2 MSWorks on 166

Shawn,

Per our conversation 11/16/98 enclosed is a check for \$150.00. I did not receive any form, communication or notice related to my corporation prior to the enclosed notice.

I have just received the forms for Sterilux, Inc. from your office.