

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000020514 (0)**
1. Corporation Name
**INTERNATIONAL STERILIZATION LABORATORY CORPORATI
ON**

Principal Place of Business
**217 SAMPEY ROAD
GROVELAND FL 34736**

Mailing Address
**217 SAMPEY ROAD
GROVELAND FL 34736**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/28/1997

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 36-4077025	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

9. Name and Address of Current Registered Agent

**MURPHY, MICHAEL J
217 SAMPEY ROAD
GROVELAND FL 34736**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

FL

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 replacing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDYA, SUMAN D	1.2 NAME	Bhushit Dixit
STREET ADDRESS	2223 PAPRIKA DR	1.3 STREET ADDRESS	1474 Millington Rd
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP	Columbus - GA - 31904
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, MICHAEL J	2.2 NAME	
STREET ADDRESS	18835 STARCREST LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, BIPIN	3.2 NAME	
STREET ADDRESS	310 WINTER HAVEN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA 31904	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRAJAPATI, D P	4.2 NAME	
STREET ADDRESS	7656 KEDVALE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SKOKIE IL 60077	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSHI, HARSHVADAN	5.2 NAME	
STREET ADDRESS	6301 BROOKSTONE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA 31904	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bhushit Dixit	6.2 NAME	
STREET ADDRESS	1474 Millington Road	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE: **SUMAN D. PANDYA** 'RE REQUIRED

1/28/98

352-429-3200

CR2E034 (10/97)