2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 08:00 AM
Secretary of State

DOCUMENT # J88855

1. Entity Name
SYSTEM EQUIPMENT CO.

Principal Place of Business	Mailing Address
951 BROKEN SOUND PKWY. NW STE. 100 P. O. BOX 3054 BOCA RATON, FL 33431-0054	951 BROKEN SOUND PKWY. NW STE. 100 P. O. BOX 3054 BOCA RATON, FL 33431-0054

07052005 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0022423
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUSTER, MICHAEL B.
951 BROKEN SOUND PKWY. NW STE. 100
BOCA RATON, FL 33487

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	SCHUSTER, ISRAEL
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	SCHUSTER, RITA M.
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	SCHUSTER, RONALD F.
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	D
NAME	SCHUSTER, MICHAEL B
STREET ADDRESS	951 BROKEN SOUND PWY 100
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/06/05-80007-007 558.75

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ I. TULLY SCHUSTER 07/05/05 241-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #