

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # J88855 1. Entity Name SYSTEM EQUIPMENT CO.	
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Principal Place of Business 951 BROKEN SOUND PKWY. NW STE. 100 P. O. BOX 3054 BOCA RATON, FL 33431-0054	Mailing Address 951 BROKEN SOUND PKWY. NW STE. 100 P. O. BOX 3054 BOCA RATON, FL 33431-0054
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07052005 No Chg-P CR2E034 (10/03)

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

DATE _____

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
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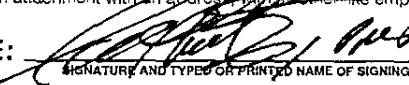
10. OFFICERS AND DIRECTORS

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

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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)(f), 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 and other like empowered

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