

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F46362 (2)

1. Corporation Name
BANK SYSTEMS & EQUIPMENT CORP.

Principal Place of Business
10300 USA TODAY WAY
MIRAMAR FL 33025

Mailing Address
10300 USA TODAY WAY
MIRAMAR FL 33025-3901



3. Date Incorporated or Qualified 09/28/1981 3a. Date of Last Report 01/30/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2182116 Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 5. Certificate of Status Desired xx \$8.75 Additional Fee Required

22 City & State 27 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30 8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

HASEWINKLE, WILLIAM
10300 USA TODAY WAY
MIRAMAR FL 33025

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 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	VPD	DELETE	1.1 TITLE	VPD	Change	Addition
NAME	POLOSKEY, ROBERT MICHAEL	xx	1.2 NAME	OTILIA HASEWINKLE	xx	
STREET ADDRESS	54 RIDGE COURT		1.3 STREET ADDRESS	4000 SW 149TH Terrace		
CITY-ST-ZIP	ROCKLEDGE FL		1.4 CITY-ST-ZIP	MIRAMAR, FL		
TITLE	PD	DELETE	2.1 TITLE		Change	Addition
NAME	HASEWINKLE, WILLIAM		2.2 NAME			
STREET ADDRESS	4000 SW 149TH TERRACE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL		2.4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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 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: 1-16-97 (954) 433-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)