FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:32

DOCUMENT # **G29336** (6)

1. Corporation Name
EQUINOX SYSTEMS INC.

Principal Place of Business	Mailing Address
6851 W. SUNRISE BOULEVARD FT. LAUDERDALE FL 33313-4512 US	6851 W. SUNRISE BOULEVARD FT. LAUDERDALE FL 33313-4512 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business
21 ONE EQUINOX WAY
Suite, Apt. #, etc. 22
City & State: 23 SUNRISE FL
Zip: 24 33351-6109 Country: 25

2a. Mailing Address
26 ONE EQUINOX WAY
Suite, Apt. #, etc. 27
City & State: 28 SUNRISE FL
Zip: 29 33351-6109 Country: 30

4. FEI Number: 59-2268442 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~DAMBRACKAS, WILLIAM A.~~
~~6851 WEST SUNRISE BLVD~~
~~PLANTATION FL 33313~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): ONE EQUINOX WAY
83
84 City: SUNRISE FL 85 Zip Code: 33351-6109

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: _____ DATE: _____
(Typed or printed name of Registered Agent and title if applicable) (Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	DAMBRACKAS, WILLIAM A	12 NAME	
STREET ADDRESS	~~5851 SW 136 STREET~~	13 STREET ADDRESS	1016 TRAILMORE LANE
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	FT. LAUDERDALE, FL 33326
TITLE	~~V~~	21 TITLE	☒ Change ☐ Addition
NAME	~~COLE, MARK L~~	22 NAME	
STREET ADDRESS	~~8600 SW 155 TERR.~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~TADLER, RICHARD D.~~	32 NAME	
STREET ADDRESS	~~45 MILK ST~~	33 STREET ADDRESS	
CITY ST ZIP	~~BOSTON MA~~	34 CITY ST ZIP	
TITLE	VTS	41 TITLE	☐ Change ☐ Addition
NAME	KACER, MARK	42 NAME	
STREET ADDRESS	~~8525 S.W. 147 TERRACE~~	43 STREET ADDRESS	7420 SW 151 TERRACE
CITY ST ZIP	~~MIAMI FL~~	44 CITY ST ZIP	MIAMI, FL 33157
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	REID, CHARLES	52 NAME	
STREET ADDRESS	135 E. BALTIMORE ST.	53 STREET ADDRESS	
CITY ST ZIP	BALTIMORE MD	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	TANIS, THOMAS P. (JR.)	62 NAME	D TANIS, THOMAS P. (JR.)
STREET ADDRESS	4759 SPRINGMEADOW LANE	63 STREET ADDRESS	4759 SPRINGMEADOW LANE
CITY ST ZIP	SARASOTA, FL 34233	64 CITY ST ZIP	SARASOTA, FL 34233

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Mark Kacer 3/23/95 (305) 791-5000
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0240079 CP