FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **G29336** (6)

1. Corporation Name
EQUINOX SYSTEMS INC.

Principal Place of Business
ONE EQUINOX WAY
SUNRISE FL 33351-6709
US

Mailing Address
ONE EQUINOX WAY
SUNRISE FL 33351-6709
US

3. Date Incorporated or Qualified: 02/23/1983
3a. Date of Last Report: 03/28/1995
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

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent
DAMBRACKAS, WILLIAM A.
ONE EQUINOX WAY
SUNRISE FL 33351

10. Name and Address of New Registered Agent
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

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	PD	☐ DELETE
NAME	DAMBRACKAS, WILLIAM A	
STREET ADDRESS	1016 TRAILMORE LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	☒ DELETE
NAME	TANIS, THOMAS P JR	
STREET ADDRESS	4759 SPRINGMEADOW LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VTS	☐ DELETE
NAME	KACER, MARK	
STREET ADDRESS	7420 SW 157 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	REID, CHARLES	
STREET ADDRESS	135 E. BALTIMORE ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change / Addition
1 TITLE	PCD	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
2 TITLE	VP	☐ Change ☒ Addition
22 NAME	Robert S. Sowell	
23 STREET ADDRESS	10139 BrooKville Lane	
24 CITY-ST-ZIP	BOCA RATON, FL 33428	
3 TITLE	VTSD	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
4 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5 TITLE	D	☐ Change ☒ Addition
52 NAME	ROBERT F. WILLIAMSON	
53 STREET ADDRESS	1235 NE 96th Street	
54 CITY-ST-ZIP	Miami Shores, FL 33138	
6 TITLE	VP	☐ Change ☒ Addition
62 NAME	GINTZ, ROBERT F.	
63 STREET ADDRESS	9721 N.W. 16th Street	
64 CITY-ST-ZIP	Plantation, FL 33322	

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***208.75

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)(k), 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: [signature] 3-21-96 954-746-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARK KACER

CR2E034 (12/95)

3-30-1996

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