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Feb 06 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 # 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 03/30/1996

4. FEI Number 58-2268442  
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 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	DAMBRACKAS, WILLIAM A	
STREET ADDRESS	1016 TRAILMORE LANE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SOWELL, ROBERT S	
STREET ADDRESS	10139 BROOKVILLE LANE	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	KACER, MARK	
STREET ADDRESS	7423 SW 157 TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REID, CHARLES	
STREET ADDRESS	135 E. BALTIMORE ST.	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, ROBERT F	
STREET ADDRESS	1235 NE 98TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GINTZ, ROBERT F	
STREET ADDRESS	9721 N.W. 16TH STREET	
CITY-ST-ZIP	PLANTATION FL 33322	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Thomas E. Garrett, Sr.	
1.3 STREET ADDRESS	6010 Vista Linda Lane	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Mark Kacer* 1/22/97 954-746-9000 ext 243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)