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FILED  
Mar 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**02/23/1983**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

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 ☐ DELETE

NAME **VP  
THOMAS E GARRETT, SR**  
STREET ADDRESS **8010 VISTA LINDA LANE**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **VP  
SOWELL, ROBERT S**  
STREET ADDRESS **10139 BROOKVILLE LANE**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ DELETE

NAME **VTSD  
KACER, MARK**  
STREET ADDRESS **7420 SW 157 TERRACE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **D  
REID, CHARLES**  
STREET ADDRESS **135 E. BALTIMORE ST.**  
CITY-ST-ZIP **BALTIMORE MD**

TITLE ☐ DELETE

NAME **D  
WILLIAMSON, ROBERT F**  
STREET ADDRESS **1235 NE 98TH STREET**  
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE ☐ DELETE

NAME **VP  
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

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

**33433**

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☒ Change ☐ Addition

**33158**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☒ Change ☐ Addition

**21202**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☒ Addition

**P C D  
DAMBRACKAS, WILLIAM A.  
3040 BIRKDALE  
Ft. Lauderdale, FL 33382**

14. I 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 2/14/98 954-746-9000**

CR2E034 (10/97)