

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90114 033 ***158.75

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DOCUMENT # G29336

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

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 the current year intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 VP ☐ DELETE

NAME THOMAS E GARRETT, SR
STREET ADDRESS 6010 VISTA LINDA LANE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE VP ☐ DELETE

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

TITLE VTSD ☐ DELETE

NAME KACER, MARK
STREET ADDRESS 7420 SW 157 TERRACE
CITY-ST-ZIP MIAMI FL 33158

TITLE D ☒ DELETE

NAME REID, CHARLES
STREET ADDRESS 135 E. BALTIMORE ST.
CITY-ST-ZIP BALTIMORE MD 33158

TITLE D ☐ DELETE

NAME WILLIAMSON, ROBERT F
STREET ADDRESS 1235 NE 96TH STREET
CITY-ST-ZIP MIAMI SHORES FL 21202

TITLE VP ☐ DELETE

NAME GINTZ, ROBERT F
STREET ADDRESS 9721 NW 16TH ST
CITY-ST-ZIP PLANTATION FL 33322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME PCD
STREET ADDRESS DAMBRACKAS, WILLIAM A.
CITY-ST-ZIP 3040 BIRKDALE
WESTON, FL 33332

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33157

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME D
STREET ADDRESS James J. Felcyn, Jr.
CITY-ST-ZIP 688 Edgewater Drive
Deerfield Beach, FL 33442

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33136

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

MARK KACER 2-199 954-746-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)