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**CORPORATION
ANNUAL REPORT
1995**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V21630 (1)

1. Corporation Name
COMPSYS, INC.

Principal Place of Business: **7705 TECHNOLOGY DR WEST MELBOURNE FL 32904**
Mailing Address: **P.O. BOX 879 MELBOURNE FL 32902**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/16/1992		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-3115690		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under S. 119.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21. Suite, Apt. #, etc.		22. Suite, Apt. #, etc.		23. City & State		24. City & State	
25. Zip		26. Country		27. Zip		28. Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEWIT, SCOTT M. 7705 TECHNOLOGY DRIVE WEST MELBOURNE FL 32904				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIT, SCOTT M.	12 NAME	
STREET ADDRESS	2225 COREY RD	13 STREET ADDRESS	
CITY - ST - ZIP	MALABAR FL	14 CITY - ST - ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHAN, NEIL	22 NAME	
STREET ADDRESS	4806 VAN KLEECK DR	23 STREET ADDRESS	
CITY - ST - ZIP	NEW SMYRNA BEACH FL 32169	24 CITY - ST - ZIP	
TITLE	T	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, HOWARD	32 NAME	
STREET ADDRESS	100 LAKESHORE DR., #1858	33 STREET ADDRESS	
CITY - ST - ZIP	N. PALM BEACH FL 33408	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELBLING, PATRICIA A.	42 NAME	
STREET ADDRESS	4150 SANDSTONE LANE #303	43 STREET ADDRESS	9025 YORK LN. # 11F
CITY - ST - ZIP	MELBOURNE FL 32935	44 CITY - ST - ZIP	W. MELBOURNE, FL 32904
TITLE	CEO	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICHARD, RONNAL P.	52 NAME	
STREET ADDRESS	788 ACACIA AVE	53 STREET ADDRESS	
CITY - ST - ZIP	MELBOURNE VILLAGE FL 32904	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(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 as an attachment with an address.

SIGNATURE: *Patricia A. Helbling* **PATRICIA A. HELBLING** 4/7/95 (407) 951-9464
SECRETARY