

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

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**

3. Date Incorporated or Qualified: **03/16/1992**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **59-3115690**
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc., City & State, Zip, and 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
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: _____ (NOTE: Registered Agent signature required when registering) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LEWIT, SCOTT M. 2225 COREY RD MALABAR FL	1.1 TITLE	D Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	VP ROHAN, NEIL 4806 VAN KLEECK DR NEW SMYRNA BEACH FL 32169	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	T FREEMAN, HOWARD 100 LAKESHORE DR., #1858 N. PALM BEACH FL 33408	2.2 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY - ST - ZIP	S HELBLING, PATRICIA A. 9025 YORK LN #11-F W MELBOURNE FL	2.3 STREET ADDRESS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
TITLE	CEO REICHARD, RONNAL P. 788 ACACIA AVE MELBOURNE VILLAGE FL 32904	2.4 CITY - ST - ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		4.2 NAME	CYR, PATRICIA A.
CITY - ST - ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
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 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: *Patricia A. Cyr* PATRICIA A. CYR SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (407) 951-9464
DATE TIME PHONE #

CR2E034 (12/95)