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FILED  
Apr 30 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 # V21630 (1)  
1. Corporation Name  
COMPSYS, INC.



Principal Place of Business: 7705 TECHNOLOGY DR WEST MELBOURNE FL 32904  
Mailing Address: P.O. BOX 878 MELBOURNE FL 32902-0878

3. Date Incorporated or Qualified: 03/16/1992  
3a. Date of Last Report: 04/16/1996  
4. FEI Number: 59-3115690  
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  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent  
LEWIT, SCOTT M.  
7705 TECHNOLOGY DRIVE  
WEST MELBOURNE FL 32904

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LEWIT, SCOTT M.	
STREET ADDRESS	2225 COREY RD	
CITY-ST-ZIP	MALABAR FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROHAN, NEIL	
STREET ADDRESS	4806 VAN KLEECK DR	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32169	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FREEMAN, HOWARD	
STREET ADDRESS	100 LAKESHORE DR., #1858	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PATRICIA A CYR	
STREET ADDRESS	9025 YORK LN #11-F	
CITY-ST-ZIP	W MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REICHARD, RONNAL P.	
STREET ADDRESS	788 ACACIA AVE	
CITY-ST-ZIP	MELBOURNE VILLAGE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1975 RIVERSHORE DR.	
1.4 CITY-ST-ZIP	INDIALANTIC, FL 32903	
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: \_\_\_\_\_

CR2E034 (9/96)