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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # V21630

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

03/16/1992

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 owes the current year Intangible
 Personal Property Tax. Yes No

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

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 PD DELETE
 NAME LEWIT, SCOTT M.
 STREET ADDRESS 1975 RIVERSHORE DRIVE
 CITY-ST-ZIP INDIALANTIC FL

TITLE VP DELETE
 NAME ROHAN, NEIL
 STREET ADDRESS 4606 VAN KLEECK DR
 CITY-ST-ZIP NEW-SMYRNA BEACH FL-32169

TITLE TD DELETE
 NAME FREEMAN, HOWARD
 STREET ADDRESS 100 LAKESHORE DR., #1858
 CITY-ST-ZIP N. PALM BEACH FL

TITLE S DELETE
 NAME PATRICIA A CYR
 STREET ADDRESS 9025 YORK LN #11-F
 CITY-ST-ZIP W MELBOURNE FL

TITLE D DELETE
 NAME REICHARD, RONNAL P.
 STREET ADDRESS 788 ACACIA AVE
 CITY-ST-ZIP MELBOURNE VILLAGE FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME PATRICIA A. HELBLING
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

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:

Patricia A. Helbling
 PATRICIA A. HELBLING
 SECRETARY

3/29/99

(407)951-9464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/1/98)