


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 JUL 30 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L13377**

(1)

1. Corporation Name
COMPUSYS, INC.

Principal Place of Business 5435 S AIA MELBOURNE BEACH FL 32951	Mailing Address 5435 S AIA MELBOURNE BEACH FL 32951
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1208 E. RIVER DRIVE Suite, Apt. #, etc. 22 #401 City & State 23 MELBOURNE FLORIDA Zip 24 32901 Country 25 USA		2a. Mailing Address 26 1208 E. RIVER DRIVE Suite, Apt. #, etc. 27 #401 City & State 28 MELBOURNE, FLORIDA Zip 29 32901 Country 30 USA		3. Date Incorporated or Qualified 09/05/1989	3a. Date of Last Report 04/18/1996
				4. FEI Number 59-2969927	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
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TOURISH, THOMAS N. 5435 S. A1A MELBOURNE BEACH FL 32951		10. Name and Address of New Registered Agent 81 Name TOURISH, THOMAS N. 82 Street Address (P.O. Box Number is Not Acceptable) 83 1208 E. RIVER DRIVE #401 84 City MELBOURNE FL 85 Zip Code 32901	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANLON, TIMOTHY 5435 S. A1A MELBOURNE BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	HANLON, TIMOTHY 1208 E. RIVER DRIVE #401 MELBOURNE, FLORIDA 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DDPS T 5435 S. A1A MELBOURNE BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TOURISH, THOMAS N. 1208 E. RIVER DRIVE #401 MELBOURNE, FLORIDA 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	700002257857-2 -08/05/97-01042-018 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **SIGNATURE REQUIRED**

CR2E034 (4/97)

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CompuSys

Incorporated

P.O. Box 510063
Melbourne Beach, Florida 32951-0063
Telephone: 407/951-3017
Telephone: 407/768-0904
Fax: 407/951-0569

July 26, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sirs,

Enclosed find our check in the amount of \$165.00. As per instructed in our telephone conversation of this morning, this letter is to inform you that we never received the First Notice for 1997 Profit Corporation Annual Report. One possible explanation is we recently changed our address.

Yours,

Thomas N. Tourish

Thomas N. Tourish, V.P.