

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000048261

1. Corporation Name
COMPScript, INC.

Principal Place of Business
1225 N.W. BROKEN SOUND PKWY.
SUITE A
BOCA RATON FL 33487

Mailing Address
1225 N.W. BROKEN SOUND PKWY.
SUITE A
BOCA RATON FL 33487

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90116 039 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1994

4. FEI Number

65-0506539

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

SPLAIN, GARY C
1225 N.W. BROKEN SOUND PKWY.
SUITE A
BOCA RATON FL 33487

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 DCEO
NAME KAHAN, BRIAN A
STREET ADDRESS 1225 BROKEN SOUND PKWY., SUITE A
CITY-ST-ZIP BOCA RATON FL 33487

☐ DELETE

TITLE ST
NAME SPLAIN, GARY C
STREET ADDRESS 6160 VIA TIERRA
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

TITLE D
NAME HEIMBERG, PAUL
STREET ADDRESS 20982 PINAR TRAIL
CITY-ST-ZIP BOCA RATON FL 33433

☒ DELETE

TITLE D
NAME LEONARD, MALCOLM
STREET ADDRESS 3810 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL 33021

☒ DELETE

TITLE DVP
NAME GARDNER, ROB
STREET ADDRESS 910 MCCLEARY STREET
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Brian A. Kahan

1.3 STREET ADDRESS 20975 Pinar Trail

1.4 CITY-ST-ZIP Boca Raton, FL 33433

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 L. Tracy Finn

3.3 STREET ADDRESS 1000 Hatch Street

3.4 CITY-ST-ZIP Cincinnati, OH 45202

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Catherine I. Greany

4.3 STREET ADDRESS 3203 Golden Avenue, Apt 504

4.4 CITY-ST-ZIP Cincinnati, OH 45226

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME Robert J. Gardner

5.3 STREET ADDRESS 910 McCleary Street

5.4 CITY-ST-ZIP DelRay Beach, FL 33483

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Bradley S. Abbott

6.3 STREET ADDRESS 635 Meadow Wood Drive

6.4 CITY-ST-ZIP Crescent Springs, KY 41017

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:

Bradley S. Abbott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley S. Abbott

4/9/99

(606) 426-3007

Date

Daytime Phone #

CR2E034 (1/98)