FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **S84661** **(5)**

1. Corporation Name
COMPSCRIPT, INC.

Principal Place of Business
1225 BROKEN SOUND PARKWAY NW. SUITE A
BOCA RATON FL 33487

Mailing Address
1225 BROKEN SOUND PARKWAY NW. SUITE A
BOCA RATON FL 33487

3. Date Incorporated or Qualified: **10/03/1991**
3a. Date of Last Report: **05/30/1995**

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

4. FEI Number: **65-0286244** 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

9. Name and Address of Current Registered Agent
ELLIS, STEVE
1225 BROKEN SOUND PARKWAY N.W.
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 (type or print 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	DCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAHAN, BRIAN A.		1.2 NAME	
STREET ADDRESS	20975 PINAR TRAIL		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	DST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ELLIS, STEVE		2.2 NAME	
STREET ADDRESS	7039 ENCINA LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ALTIERI, GERARD		3.2 NAME	
STREET ADDRESS	685 CHARGIN RIVER RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	GATE MILLS OH 44040		3.4 CITY-ST-ZIP	
TITLE	DEVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	REITH, RONALD		4.2 NAME	
STREET ADDRESS	3714 S.E. MALIBU LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	EDELHEIT, ROBERT		5.2 NAME	
STREET ADDRESS	5887 N.W. 24TH AVE.,#1202		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HEIMBERG, PAUL		6.2 NAME	
STREET ADDRESS	20982 PINAR TRAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433		6.4 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: [signature], CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/7/96 Daytime Phone #: (407) 994-8585

CR2E034 (12/95)