PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## 1999 P9700007263

1. Corporation Name

COMPETITIVE INTELLIGENCE PURILISHERS INC.

## FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90062 039 \*\*\*150.00

Principal Place of Susiness   Sustant REPARCE   1311 S.W. CEDAR TERRACE   1311 S.W. CEDAR TERR	CONFETTIVE INTELLIGENCE TODEIDVILLIO, INC.										
BOCA RATON FL 33498    Common	Principal Place of Business Mailing Address										
2. Principal Place of Business	1311 S.W. CEDAR TERRACE 1311 S.W. CEDAR TERRACE										
2. Principal Place of Business 2. Mailing Address 4. Fell Number 55-07/23/1997 2. Principal Place of Business 2. Mailing Address 5. Sulfic, Apt. #, etc. 2. Sulfic, Apt. #, etc. 3. Sulfic, Apt. #, etc. 5. Sulfic, Apt. #, et									DO NOT WRITE IN THIS SPACE		
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2. Panopal Place of Business   2.a. Malling Address   5.3									01/23/1997		
28   28   28   28   28   28   28   27   27	2. Principal Pl	lace of Business	2a. Ma	ailing Address							
Suite, Apt. #, etc.   Suite, Apt. #, etc.   27     5. Certificate of Status Desired     5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate of Status Desired   5. Certificate   5.			26						65-0721764 Not Applicable		
City & State   City & City & State   City & City & State   City & C	Suite, Apt. #, etc. Suite, Apt. #, etc.			ite, Apt. #, etc.					\$8.75 Additional		
Zip Country Zip Country	22					<del>* </del>			- Fee Required		
2	_ •, =										
QUIRK, ADHN SINGET ADDRESS OUTVST-ZP TITLE  QUIRK, JOHN SINGET ADDRESS SINGET	23							<del></del>			
9. Name and Address of Current Registered Agent  QUIRK, ARELS 1311 S.W. CEDAR TERRACE BOCA RATON FL 33486  12 Street Address (P.O. Box Number is Not Acceptable)  131 S.W. CEDAR TERRACE BOCA RATON FL 33486  132 Street Address (P.O. Box Number is Not Acceptable)  14. City  FL 85 Zip Code  15. 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 agent. I am familier with, and accept the onligations of Section 607.0505. Florida Statutes  SIGNATURE Signature, typed or printed name of impaired agent and the flagilization of Code of C					_	iiiu y			1 7 7 7		
QUIRK, ARELS 1311 S.W. CEDAR TERRACE BOCA RATON FL 33486  82 Street Address (P.O. Box Number is Not Acceptable)  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the adversary of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the adversary of the appointment for the purpose of changing its registered agent, or both, in the State of Florida, Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the development of the purpose of changing its registered agent, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and the comporation is board of directors. I hereby accept the appointment as registered agent, agent agent and the florida person of the comporation is board of directors. I hereby accept the appointment as registered agent, agent agent and the florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE									Total Table 1		
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1311 S.W. CEDAR TERRACE BOCA RATON FL 33486  13	QUIF	RK, ARELIS					L		/ / / / / / / / / / / / / / / / / / /		
### City   FL   88   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 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, 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  ### Signature, Typed or printed rame of registered agent and the 4 applicable. (NOTE Registered Agent Signature required when reinstating)  ### DELETE 1.1 TITLE						82	Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
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 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, and tentilat with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printing name of inguistrated agent and size if application.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  12. OFFICERS AND DIRECTORS 13. IT IN THE Change Addition 12. IT IN THE CHANGE STREET ADDRESS 13.11 SW CEDAR TERRACE  13. SIRRET ADDRESS 13.11 SW CEDAR TERRACE  14. CITY-ST-ZP  15. TITLE CHANGE STREET ADDRESS 12. ACITY-ST-ZP  16. CHANGE STREET ADDRESS 13.11 SW CEDAR TERRACE 13.11 TITLE CHANGE STREET ADDRESS 14. CITY-ST-ZP  17. CHANGE STREET ADDRESS 14. CITY-ST-ZP  18. TITLE CHANGE STREET ADDRESS 15. TITLE CHANGE STREET ADDRESS	BOC	A RATON FL 33486						-			
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office or registered agent, or both, in the State of Flonds, Such change was authorized by the corporation's board of director's. Interest accept the application of agent and state if applicable.    12						ΙI		-	FL		
12	office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
TITLE	;					Agen	it signa	ture required			
NAME   QUIRK, JOHN   12 NAME   1311 SW CEDAR TERRACE   13 STREET ADDRESS   14 CITY-ST-ZIP   Change   Addition   Addition		***	DURECT		_	TLE					
1311 SW CEDAR TERRACE		•		<b>_</b>							
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	STREET ADDRESS										

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 that need, or an an attachment with an address, with all others like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

te Daytime Phone #