

**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 # **P95000060516 (8)**

1. Corporation Name

**COMPETITIVE INTELLIGENCE SERVICES, INC.**



Principal Place of Business

Mailing Address

175 CROSS STREET  
CITY ISLAND NY 10464

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CITY ISLAND NY 10464

3. Date Incorporated or Qualified **08/04/1995** 3a. Date of Last Report **N/A**

2. Principal Place of Business

2a. Mailing Address

21 **2178 Arbour Walk Circle**

26 **2706 S. Horseshoe Drive**

4. FEI Number **13-3845894**

Applied For  
Not Applicable

22 **Apt # 2316**

27 **Suite 110**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 **NAPLES FL**

28 **NAPLES FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **33942 USA**

29 **33942 USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARBER & CAMPBELL, P.A.  
12000 BISCAYNE BLVD., SUITE 216  
MIAMI FL 33181**

81 Name **JAMES W. TRULLINGER**  
82 Street Address (P.O. Box Number is Not Acceptable) **2178 ARBOUR WALK Circle**  
83 **Apt # 2316**  
84 City **Naples** 85 State **FL** 86 Zip Code **33942**

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]*

**JAMES W. TRULLINGER**

**2/21/96**

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

DATE

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>P</b>	<b>JAMES W. TRULLINGER</b>	<b>2178 ARBOUR WALK Circle Apt. #2316</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
			<b>Naples FL 33942</b>				
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**2/21/96**

**941-594-8003**

CR2E034 (12/95)