

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **S34775** (4)
1. Corporation Name
COMPETITIVE TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business		Mailing Address	
1384 HERITAGE ACRES BLVD. SUITE B ROCKLEDGE FL 32955 US		1384 HERITAGE ACRES BLVD. SUITE B ROCKLEDGE FL 32955-8421 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
Zip	Country	Zip	Country
24 25	29	30	

3. Date Incorporated or Qualified 02/28/1991	3a. Date of Last Report 01/22/1996
4. FEI Number 65-0244980	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEEMER, ROBERT H. 218 U.S. HIGHWAY ONE 203 TEQUESTA FL 33469		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]* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (9/96)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p><input type="checkbox"/> DELETE D SEEMER, ROBERT H. 1384 HERITAGE ACRES BLVD, SUITE B ROCKLEDGE FL</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE → 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 32955</p>
<p><input type="checkbox"/> DELETE D MOGOLLON-SEEMER, MARIA 1384 HERITAGE ACRES BLVD. STE B ROCKLEDGE FL</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE → 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 32955</p>
<p><input type="checkbox"/> DELETE D STEELE, JACK 1384 HERITAGE ACRES BLVD. STE. B ROCKLEDGE FL</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE → 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 32955</p>
<p><input type="checkbox"/> DELETE</p>		<p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP O BRUCE C. BERGER 1384 Heritage Acres Blvd. Ste B Rockledge FL 32955</p>
<p><input type="checkbox"/> DELETE</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p>
<p><input type="checkbox"/> DELETE</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p>

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]* SIGNED, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97 407.638.0099
Daytime Phone #