

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 018 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S34775**

1. Corporation Name
COMPETITIVE TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business 1384 HERITAGE ACRES BLVD. SUITE B ROCKLEDGE FL 32955 US	Mailing Address 1384 HERITAGE ACRES BLVD. SUITE B ROCKLEDGE FL 32955 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/28/1991	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 65-0244960	
5. Certificate of Status Desired <input 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SEEMER, ROBERT H. 1384 HERITAGE ACRES BLVD STE B ROCKLEDGE FL 32955	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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: *Monique Leveque* 1/6/99 407 638-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)