

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 AUG -6 PM 1:48

DOCUMENT # A31879

1. Name of Limited Partnership
 TRIAD Group Of Tampa Bay, LTD

DO NOT WRITE IN THIS SPACE.

2. Mailing Address 118 S Westshore Blvd Suite, Apt. #, etc. #290 City & State Tampa FL Zip 33609 Country USA		3. Principal Office Address 7303 N Nebraska Ave Suite, Apt. #, etc. City & State Tampa FL Zip 33604 Country U.S.A.		4. Date Formed or Registered To Do Business in Florida 08/15/1991	
5. FEI Number 59-3079079				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				7. State or Country of Formation FLORIDA	

8a. Capital Contributions as Shown on Record 653707.00	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
8b. Amount of Capital Contributions in FLORIDA to date. 653707.00	

9. Name and Address of Current Registered Agent Michael Shrenk 7303 N NEBRASKA AVENUE Tampa FL 33604	10. If changed, new registered agent/office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
TRIAD Group Of S. Florida, INC	7303 N NEBRASKA AVE	Tampa FL 33604	573752

800002262078--7
 -08/08/87--01115--001
 ***1050.00 ***1050.00

REINSTATEMENT
 97
 CUS CR 84

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Michael Shrenk DATE 7/28/97
 Typed or Printed Name of General Partner Signing Form Michael Shrenk Telephone Number (813) 236-2235

CR2E039 (1/97)