

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

FILED
May 13, 1999 8:00 am
Secretary of State

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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 # P96000082389 (3)
 1. Corporation Name
 TRIAD GROUP SERVICES, INC.

Principal Place of Business 2699 SOUTH BAYSHORE DRIVE SUITE 700 MIAMI FL 33133	Mailing Address 2699 SOUTH BAYSHORE DRIVE SUITE 700 MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 401 NW 99TH WAY Suite, Apt. #, etc.	2a. Mailing Address 26 401 NW 99TH WAY Suite, Apt. #, etc.
22 City & State 23 PEMBROKE PINES, FL Zip Country 24 33024 25 USA	27 City & State 28 PEMBROKE PINES, FL Zip Country 29 33024 30 USA

3. Date Incorporated or Qualified 10/07/1996	4. FEI Number 65-0714524 Applied For Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 CORPCO, INC.
 2699 SOUTH BAYSHORE DRIVE
 SUITE 700
 MIAMI, FL 33133

10. Name and Address of New Registered Agent
 81 Name
 RALSTOUN CURTIS
 82 Street Address (P.O. Box Number is Not Acceptable)
 401 NW 99TH WAY
 83
 84 City
 PEMBROKE PINES FL 85 Zip Code
 33024

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: *Ralston Curtis* RALSTOUN CURTIS DATE: 4/17/99
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> DELETE
NAME	RALSTOUN CURTIS	
STREET ADDRESS	401 NW 99TH WAY	
CITY - ST - ZIP	PEMBROKE PINES, FL 33024	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralston Curtis* RALSTOUN CURTIS DATE: 4/17/99 DAYTIME PHONE #: 954-443-9922
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)