

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 AUG 27 PM 3:23

1. Name of Limited Partnership

1a. DOCUMENT #  
A31879

TRIAD GROUP OF TAMPA BAY, LTD.

Mailing Address

118 SOUTH WESTSHORE BLVD.  
#290  
TAMPA FL 33609

Principal Office Address

7303 N. NEBRASKA AVENUE  
TAMPA FL 33604  
US

3. Date Formed or Registered

08/15/1991

5a. Capital Contributions as  
Shown on record.

\$660,000.00

3a. Date of Last Report

12/24/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

660,000.00

2. Mailing Address

7303 N. NEBRASKA AVE

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip Country

33604

Zip Country

4. State or Country of Formation

FL

6. FEI Number

59-3079079

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

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

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. Name(s) of General Partner(s)

TRIAD GROUP OF S. FL, INC

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

7303 N. NEBRASKA AVEN

11b. City, State & Zip Code

TAMPA FL 33604

11c. Registration/  
Document Number

S73752

600002974656--1  
-08/31/99--01050--001  
\*\*\*\*\$35.00 \*\*\*\*\$35.00

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

DATE 4/29/99

Typed or Printed Name of General Partner Signing Form

Michael Shrenk

Daytime Telephone Number

(813)236-1230

CR2E003 (12/98)

(2)

Michelle

Per our telephone  
conversation of

4/29 & 8/25,  
Please Reinstate

Thanks

JEAN

(813) 236-1230

was told to send AR postmarked  
by 4/30/99 to avoid penalty fees - it  
was received and rejected on 5/7/99 -  
per penalty fees due. Called Michelle  
Hedges on 8/25/99 explained situation  
and was told to return AR w/ no  
penalty fees (per Brenda Tadlock) and  
the report would be filed.