


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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K50408 (9)</b>					
1. Corporation Name <b>TRIAD FUNDING RESOURCES, INC.</b>					
Principal Place of Business <b>7770 W. OAKLAND PARK BLVD SUITE 270 SUNRISE FL 33351 US</b>			Mailing Address <b>7770 W. OAKLAND PARK BLVD SUITE 270 SUNRISE FL 33351-6744 US</b>		
2. Principal Place of Business 21 <b>20 SW 27 AVE</b> Suite, Apt. #, etc. 22 <b>SUITE 101</b> City & State 23 <b>POMPANO BEACH, FL</b> Zip 24 <b>33069</b> Country 25 <b>USA</b>		2a. Mailing Address 26 <b>20 SW 27 AVE</b> Suite, Apt. #, etc. 27 <b>SUITE 101</b> City & State 28 <b>POMPANO BEACH, FL</b> Zip 29 <b>33069</b> Country 30 <b>USA</b>		3. Date Incorporated or Qualified <b>12/09/1988</b> 3a. Date of Last Report <b>09/16/1996</b>	
		4. FEI Number <b>65-0202038</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>M.C. MEISLER, CHARTERED 8010 N. UNIVERSITY DR SUITE 200 TAMARAC FL 33321</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CDPT <input type="checkbox"/> DELETE				
NAME	<b>KAVALIN, DAVID</b>				
STREET ADDRESS	<b>1200 MARINE WAY, B-302</b>				
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>				
TITLE	S <input type="checkbox"/> DELETE				
NAME	<b>KAVALIN, DAVID</b>				
STREET ADDRESS	<b>1200 MARINE WAY, B-302</b>				
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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: <b>DAVID KAVALIN</b> 4/7/97 (954) 969-7242					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)