

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10 1998 8:00am
Secretary of State

DOCUMENT # K50408 (9)
1. Corporation Name
TRIAD FUNDING RESOURCES, INC.



Principal Place of Business

20 SW 27 AVE
SUITE 101
POMPANO BCH FL 33069
US

Mailing Address

20 SW 27 AVE
SUITE 101
POMPANO BCH FL 33069
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

200

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

200

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/09/1988

4. FEI Number

65-0202038

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

M.C. MEISLER, CHARTERED
8010 N. UNIVERSITY DR
SUITE 200
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name

DAVID KAVALIN

82

Street Address (P.O. Box Number is Not Acceptable)

20 S.W. 27 Ave.

83

Suite 200

84

City

POMPANO BEACH

FL

85 Zip Code

33069

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

DAVID KAVALIN

DAVID KAVALIN

MAR 3, 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CDPT
NAME KAVALIN, DAVID
STREET ADDRESS 1200 MARINE WAY, B-302
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE S
NAME KAVALIN, DAVID
STREET ADDRESS 1200 MARINE WAY, B-302
CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

DAVID KAVALIN

DAVID KAVALIN

Mar. 3, 1998

(954) 969-7242

CR2E034 (10/97)