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

APPROVED AND FILED

99 MAY 12 AM 10:31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # L34626

1. Corporation Name
TRIAD ADVISORS, INC.

Principal Place of Business	Mailing Address
789 S. FEDERAL HWY STE 209 STUART FL 34994 US	789 S. FEDERAL HWY STE 209 STUART FL 34994 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3500 Parkway Lane 22 Suite 220 23 Norcross GA 24 30092 25 USA	2a. Mailing Address 26 3500 Parkway Lane 27 Suite 220 28 Norcross GA 29 30092 30 USA

3. Date Incorporated or Qualified: 12/01/1989

4. FEI Number: 65-0173164 ☐ 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 the current year Intangible Personal Property Tax ☐ Yes X No

9. Name and Address of Current Registered Agent

HIXON, BARRY C.
789 S. FEDERAL HIGHWAY
STE 209
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name: Robert Bruderman
82 Street Address (P.O. Box Number is Not Acceptable): 551 NW 77th St, Suite 100
83
84 City: Boca Raton FL 85 Zip Code: 33487

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: [signature] 4/9/99
Signature of new registered agent, if applicable — Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE		☐ DELETE	11 TITLE	VICE PRESIDENT	X Change ☐ Addition
NAME	HIXON, BARRY C.		12 NAME		
STREET ADDRESS	789 S. FEDERAL HWY		13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL		14 CITY-ST-ZIP		
TITLE		☐ DELETE	21 TITLE	PRESIDENT	☐ Change X Addition
NAME			22 NAME	MARK METTELMAN	
STREET ADDRESS			23 STREET ADDRESS	3500 Parkway Lane Ste 220	
CITY-ST-ZIP			24 CITY-ST-ZIP	Norcross GA 30092	
TITLE		☐ DELETE	31 TITLE	SECRETARY / TREASURER	☐ Change X Addition
NAME			32 NAME	ROBERT BRUDERMAN	
STREET ADDRESS			33 STREET ADDRESS	551 NW 77th St, Ste 100	
CITY-ST-ZIP			34 CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE		☐ DELETE	41 TITLE	DIRECTOR	☐ Change X Addition
NAME			42 NAME	CRAIG SMITH	
STREET ADDRESS			43 STREET ADDRESS	3029 GAVIN PLACE	
CITY-ST-ZIP			44 CITY-ST-ZIP	DULUTH GA 30096	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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****450.00 ****150.00

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, with all other like empowered.

SIGNATURE: [signature] 4/9/99 770 840 0363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number