

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 31, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO FEE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

199672496 B-7408

DOCUMENT # P94000034869 (5)

1. Corporation Name
TRIAD COMPUTER SYSTEMS, INC.



Principal Place of Business
**2603 N. ADAMS ST.
 PLANT CITY FL 33566**

Mailing Address
**2603 N. ADAMS ST.
 PLANT CITY FL 33566**

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip
 29 Country

3. Date Incorporated or Qualified
05/05/1994

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3242164

5. Certificate of Status Declared
 \$8.75 Additional Fee Required

6. Election Campaign Financing
 Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent
**ADAMS, WILLIAM
 2603 N. ADAMS ST.
 PLANT CITY FL 33566**

10. Name and Address of New Registered Agent
 11 Name
 12 Street Address (P.O. Box Number is Not Acceptable)
 13
 14 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the herein 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETED
NAME	ADAMS, WILLIAM	
STREET ADDRESS	C/O 2603 N. ADAMS ST.	
CITY - ST - ZIP	PLANT CITY FL 33566	
TITLE	V	DELETED
NAME	HARMON, JAMES A JR	
STREET ADDRESS	126 E CHAPMAN RD	
CITY - ST - ZIP	PLANT CITY FL	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	YE	Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	YE	Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	YE	Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	YE	Change	Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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/empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment address

SIGNATURE: *Sandra B. Morton*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/10/96 941-668-9325

CR2E034 (3/96)