**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 11 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090869 (6)**

1. Corporation Name
**TRIAD MANAGEMENT GROUP INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2610 N. CLEVELAND STREET<br>TAMPA FL 33607 | 2610 N. CLEVELAND STREET<br>TAMPA FL 33607 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): County (30)

4. FEI Number: APPLIED FOR ☒ 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

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

9. Name and Address of Current Registered Agent

~~BROZEY, ROBERT K~~
2610 N. CLEVELAND STREET
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: MICHEAL SHRENK
82 Street Address (P.O. Box Number is Not Acceptable): 2610 N. CLEVELAND ST.
83
84 City: TAMPA FL 85 Zip Code: 33609

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: * Michael Shrenk 3/15/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | PD<br>~~BROZEY, ROBERT K~~<br>2610 N. CLEVELAND STREET<br>TAMPA FL 33607 | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP | PD<br>SHRENK, MICHEAL<br>2610 N. CLEVELAND ST.<br>TAMPA, FL 33607 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP | | ☐ Change ☐ Addition |

14. 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)(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:** * Michael Shrenk 3/15/95 813-874-8421
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000090 CP