

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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90035 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P96000082389 (3)

1. Corporation Name

TRIAD GROUP SERVICES, INC.

Principal Place of Business	Mailing Address
2699 SOUTH BAYSHORE DRIVE SUITE 700 MIAMI FL 33133	2699 SOUTH BAYSHORE DRIVE SUITE 700 MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/07/1996

4. FEI Number 65-0714524	Applied For <input type="checkbox"/> Not Applicable
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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 ☐ No

2. Principal Place of Business	2a. Mailing Address
21 401 NW 99TH WAY Suite, Apt. #, etc. 22 City & State 23 PEMBROKE PINES, FL Zip Country 24 33024 25 USA	26 401 NW 99TH WAY Suite, Apt. #, etc. 27 City & State 28 PEMBROKE PINES, FL Zip Country 29 33024 30 USA

9. Name and Address of Current Registered Agent

CORPCO, INC.  
2699 SOUTH BAYSHORE DRIVE  
SUITE 700  
MIAMI, FL 33133

10. Name and Address of New Registered Agent

81 Name RALSTOUN CURTIS	85 Zip Code 33024
82 Street Address (P.O. Box Number is Not Acceptable) 401 NW 99TH WAY	
83	
84 City PEMBROKE PINES	FL

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

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

*RALSTOUN CURTIS*  
(NOTE: Registered Agent signature required when reinstating)

*4/17/99*  
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D RALSTOUN CURTIS 401 NW 99TH WAY PEMBROKE PINES, FL 33024	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ralston Curtis*

*RALSTOUN CURTIS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #