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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 POCUMENT # P9600099216

TRIAD RESEARCH GROUP, INC.

Principal Place of Businoss Mailing Address						
2681 CYPRESS LANE						
FORT LAUDERDALE, FL 33332						3. Date Incorporated or Qualified 3a. Date of Last Report
					12-09-96	
2. Principal Place of Bu	28. Mailing Address				4. FEI Number X Applied For	
21		26				applied for Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		[28]				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	У	This corporation has liability for intendible tax under s. 199.032, Florida Statutes ▼ Yes □ No
24 9 Nen	25	29	30			Florida Statutes Y Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 81 Name					10. Hanne Blid Address Of New Hogistered Agent	
	•					MARK COHEN
THAW, STANLEY				62	Street .	Address (P.O. Box Number is Not Acceptable)
14225 SOUTH DIXIE HIGHWAY						2681 CYPRESS LANE
MIAMI, FL 3	3167					
				84	City	FORT LAUDERDALE FL 85 Zip Code 333332
11 Pursuant to the prov	visions of Sections 697 050	nd 607 1508	Florida Statutes	the above	n-named	
11. Pursuant to the provisions of Sections 697.0507 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 Sylig of Torida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar yell and accept the dysgations of, Section 607.0505, Florida Statutes.						
11111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
SIGNATURE Signature Typocolor punied name of no benefit applicable (NOTE Registered Agent signature required when renstating) (NOTE Registered Agent signature required when renstating)						
12. OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DIRE	CTOR	x	DELETE	11 TITLE		DIRECTOR Change X Addition
411416	, STANLEY			1.2 NAME		MARK COHEN
	5 SOUTH DIXIE H	.iv		1.3 STREET	ADDRESS	2681 CYPRESS LANE
0.51. 05. 310.	I , FL 33167	WI		1.4 C(TY - S	S1 - ZIP	FORT LAUDERDALE, FL 33332
TITLE	1 7-1-1		DELETE	2 1 TITLE		DIRECTOR Change & Addition
NAME			Ï	22 NAME	Ì	ROBERT JACOB
STREET ADDRESS				23 STREET	ADDRESS	2681 CYPRESS LANE
CITY-ST-ZIP				2 4 CITY-1	ST-ZIP	FORT LAUDERDALE, FL 33332
TITLE] DELETE	3 1 TITLE	,	DIRECTOR Change X Addition
NAME				3.2 NAME		HEATHER PALAZZOLO
STREET ADDRESS				33 STREET	ADDRESS	2681 CYPRESS LANE
CITY-ST-ZIP				3.4 CITY-5	S1-ZIP	FORT LAUDERDALE, FL 33332
TITLE			DELETE	4.1 TITLE	_	Change Addition
NAME				4. 2 NAME	}	
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP				44 CITY - S	T - ZIP	
TITLE		L.	DELFTE	5 1 111LE		Change Addition
NAME				5.2 NAME	-	m/M
STREET ADDRESS				5 3 STREET	ADDRESS	, //
CITY-ST-ZIP				5 4 CITY - S	1-7IP	<u> </u>
TITLE			DELETE	6.1 TITLE	ĺ	Change Addition
NAME				6.2 NAME		200002213122 -06/16/9701116002
STREET ADDRESS				63 SIRFET	ADDRESS.	-06/16/97U1116O02
CITY-ST-ZIP				64 CHY-S	1 - 201	*** <u>550</u> ,00

4. I do 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 trusted 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 attactment with an address.

SIGNATURE:

alando

45/97

8004323434

FILED

Jun 11 1997 8:00am

Secretary of State

HZE034 (9/96)