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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099216 (9)

FILED May 22 1998 8:00am Secretary of State

| TRIAD RESEARCH GROUP, INC. | | | | |
|--|--|---|---------------------------------------|--|
| | | | | |
| Principal Place | o of Business | Mailing Address | | |
| , | | • | | |
| 2681 CYPRESS LANE 2681 CYPRESS LANE FT. LAUDERDALE FL 33332 FT. LAUDERDALE FL 34332 FT. LAUDERDALE FL 343332 FT. LAUDERDALE FL 34332 FT. | | | | |
| | | (// 4/10 // 10/10/10/10/10/10/10/10/10/10/10/10/10/1 | | DO NOT WRITE IN THIS SPACE |
| | | | | 3. Date Incorporated or Qualified |
| | | | | 12/09/1996 |
| — | lace of Business | 2a. Mailing Address | | 4. FEI Number Applied For |
| 21 Cuito Ast | # | 26 | | 65-0820039 Not Applicable |
| Suite, Apt. | #, 9 IC. | Suite, Apt #, etc. | | 5. Certificate of Status Desired |
| City & State | | City & State | | |
| 23 | • | 28 | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |
| Zip | Country | Zip T | Country | 8. This corporation owes or has paid the current year Intangible |
| 24 | 25 | 29 3 | | Personal Property Tax due June 30. Yes No |
| | 9, Name and Address of Curre | | | 10. Name and Address of New Registered Agent |
| CO | HEN, MARK " | | 81 Name | Forman, Stephanie |
| 2681 CYPRESS LANE | | | 82 Street | Address (P.Q. Box Number is Not Acceptable) |
| . FT. | LAUDERDALE FL 33332 | | | 2681 Cypress Lane |
| | p . | | 63 | 1, |
| | | | 84 City | 85 Zip Code |
| | | | <i>†</i> | Ht.Laudecdale FL 333332 1 |
| 11, Pursuant t office or re | to the provisions of Scotlans 697.050 egistered agent, of built, in the State |)2 and 607.1508, Florida Statutes, e of Florida. Suct∍change was aut | the above-named horized by the cor | d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered |
| agent. La | m familiar with new locept the oblig | ations of Socion 607.0505, Florid | Statules. | ///- |
| SIGNATURE | lythin | R-torener | / ., . ,. <u>.</u> | 11498 |
| 12. | Standare type document of new others of a p OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | D | DELETE | 1.1 TITLE | Change Addition |
| NAME | COHEN, MARK | _ | 1.2 NAME | Forman Stephanie |
| STREET ADDRESS | 2681 CYPRESS LANE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33332 | | 1.4 CITY - ST - ZIP | Ft Lauderdale FL 33332 |
| TITLE | D | DELETE | 2.1 TITLE | Change Addition |
| NAME | JACOB, ROBERT | | 2.2 NAME | |
| STREET ADDRESS | 2681 CYPRESS LANE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33332 | | 2. 4 CITY - ST - ZIP | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | Change Addition |
| NAME | PALAZZOLO, HEATHER | | 3.2 NAME | |
| STREET ADDRESS | 2681 CYPRESS LANE | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33332 | T BELEVE | 3.4. CITY - ST - ZIP | |
| TITLE | | DELETE . | 4.1 T(TLE | Change Addition |
| NAME | | | 4. 2 NAME | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | ☐ DĒLĒTE | 4.4 CHY-ST-ZIP | Change Addition |
| TITLE | | | 5.1 TITLE | Change C Addition |
| NAME STREET ADDRESS | | | 5.2 NAME 5.3 STREET ADDRESS | |
| | | | 5.4 CITY-S1-ZIP | |
| CITY-ST-ZIP TITLE | | DELE TE | 6.1 TITLE | Change Addition |
| NAME | | | 6 2 NAME | Land Coloring Land Coloring |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | |
| | ertify that the information supplied w | ith this filing does not qualify for t | | ted in Section 119.07(3)(i). Florida Statutes. I further certify that the information |

4. I bereby certify that the morniation supplied with this thing 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 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 in 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 chapted, or on an allection with an address.

CIONATURE

Antolo

1/12/8 954-369-345