

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90125 041 ***150.00

DOCUMENT # P96000099216

1. Corporation Name
TRIAD RESEARCH GROUP, INC.

Principal Place of Business
2681 CYPRESS LANE
FT. LAUDERDALE FL 33332

Mailing Address
2681 CYPRESS LANE
FT. LAUDERDALE FL 33332

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/09/1996

4. FEI Number
65-0820039

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

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3811 N. 43 Ave

26 3811 N. 43 Ave

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

29 Zip

25 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORMAN, STEPHANIE
2681 CYPRESS LANE
FT. LAUDERDALE FL 33332

81 Name Forman Stephanie
82 Street Address (P.O. Box Number is Not Acceptable)
3811 N. 43 Ave
83 Hollywood
84 City FL 85 Zip Code 33021

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FORMAN, STEPHANIE
STREET ADDRESS 2681 CYPRESS LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33332

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Forman Stephanie
1.3 STREET ADDRESS 3811 N. 43 Ave
1.4 CITY-ST-ZIP Hollywood FL 33021

TITLE D ☒ DELETE
NAME JACOB, ROBERT
STREET ADDRESS 2681 CYPRESS LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33332

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PALAZZOLO, HEATHER
STREET ADDRESS 2681 CYPRESS LANE
CITY-ST-ZIP FT. LAUDERDALE FL 33332

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Palazzolo, Heather
3.3 STREET ADDRESS 3811 N. 43 Ave
3.4 CITY-ST-ZIP Hollywood FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/99 954-963-6278
Date Daytime Phone #

CR2E034 (11/98)