

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

APPROVED AND FILED

99 MAY 12 AM 10:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000024605

1. Corporation Name
TRIAD ADVISORS HOLDINGS, INC.

Principal Place of Business
**11780 US HIGHWAY ONE SUITE 300
 NORTH PALM BEACH FL 33408**

Mailing Address
**11780 US HIGHWAY ONE SUITE 300
 NORTH PALM BEACH FL 33408**

3. Date Incorporated or Qualified
03/16/1998

4. FEI Number
58-2455697 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
3500 Parkway Lane
 Suite, Apt. #, etc
Site 220
 City & State
Norcross, GA
 Zip
30092 Country
USA

2a. Mailing Address
3500 Parkway Lane
 Suite, Apt. #, etc
Site 220
 City & State
Norcross, GA
 Zip
30092 Country
USA

9. Name and Address of Current Registered Agent
FHS CORPORATE SERVICES, INC.
11780 US HIGHWAY ONE SUITE 300
NORTH PALM BEACH FL 33408

81. Name **Robert Bruderman**
 82. Street Address (P.O. Box Number is Not Acceptable)
551 NW 7th St Suite 100
 83.
 84. City **Boca Raton** FL 85. Zip Code **33487**

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]* DATE **4/9/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MARK METELMAN
STREET ADDRESS		1.3 STREET ADDRESS	3500 PARKWAY LANE, SITE 220
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NORCROSS, GA 30092
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	BARRY HIXON
STREET ADDRESS		2.3 STREET ADDRESS	759 S. FEDERAL HWY
CITY-ST-ZIP		2.4 CITY-ST-ZIP	STUART, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ROBERT BRUDERMAN
STREET ADDRESS		3.3 STREET ADDRESS	551 NW 7th St Suite 100
CITY-ST-ZIP		3.4 CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	100002874381-2
STREET ADDRESS		4.3 STREET ADDRESS	-05/13/99--01100--016
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***450.00 ***150.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]* DATE: **4/9/99** **770 8400363**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR