

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

2a. Mailing Address
3500 Parkway Lane

22. **Site 220**

27. **Site 220**

23. **Norcross, GA**

28. **Norcross, GA**

24. **30092** 25. **USA**

29. **30092** 30. **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

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]*
 Signature, typed or printed name of registered agent and date of signature

NOTE: Registered Agent's signature required on entire filing.
 DATE **4/9/99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11 TITLE Change Addition
PRESIDENT
 12 NAME **MARK METELMAN**
 13 STREET ADDRESS **3500 PARKWAY LANE, STE 220**
 14 CITY-ST-ZIP **NORCROSS, GA 30092**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

21 TITLE Change Addition
VICE PRES
 22 NAME **BARRY HIXON**
 23 STREET ADDRESS **759 S. FEDERAL HWY**
 24 CITY-ST-ZIP **STUART, FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

31 TITLE Change Addition
SEC/TREAS
 32 NAME **ROBERT BRUDERMAN**
 33 STREET ADDRESS **551 NW 7th St Ste 100**
 34 CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

41 TITLE Change Addition
 42 NAME **100002874381-2**
 43 STREET ADDRESS **-05/13/99--01100--016**
 44 CITY-ST-ZIP *****450.00 ***150.00**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 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

DATE **4/9/99** **770 8400363**
 Office Phone #