

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

APPROVED  
AND  
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99 MAY 12 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L34626**  
 1. Corporation Name  
**TRIAD ADVISORS, INC.**

Principal Place of Business <b>789 S. FEDERAL HWY          STE 209          STUART FL 34994          US</b>	Mailing Address <b>789 S. FEDERAL HWY          STE 209          STUART FL 34994          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3500 Parkway Lane</b> Suite, Apt. #, etc <b>22 Suite 220</b> City & State <b>23 Norcross GA</b> Zip <b>24 30092</b>	2a. Mailing Address <b>26 3500 Parkway Lane</b> Suite, Apt. #, etc <b>27 Suite 220</b> City & State <b>28 Norcross GA</b> Zip <b>29 30092</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>12/01/1989</b>	4. FEI Number <b>65-0173164</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**HIXON, BARRY C.**  
**789 S. FEDERAL HIGHWAY**  
**STE 209**  
**STUART FL 34994**

81 Name <b>Robert BRUDERMAN</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>551 NW 77th St, Suite 100</b>	83	84 City <b>Boca Raton</b>	85 Zip Code <b>FL 33487</b>
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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		DELETE
TITLE	<b>HIXON, BARRY C.</b>	<input type="checkbox"/>
NAME	<b>789 S. FEDERAL HWY</b>	
STREET ADDRESS	<b>STUART FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	<b>400002874384</b>		
STREET ADDRESS	<b>-05/13/99-01100-016</b>		
CITY-ST-ZIP			
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>MARK METZELMAN</b>		
STREET ADDRESS	<b>3500 Parkway Lane Ste 220</b>		
CITY-ST-ZIP	<b>NORCROSS GA 30092</b>		
TITLE	<b>SECRETARY / TREASURER</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>ROBERT BRUDERMAN</b>		
STREET ADDRESS	<b>551 NW 77th St, Ste 100</b>		
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>		
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NAME	<b>CRAIG SMITH</b>		
STREET ADDRESS	<b>3029 GAVIN PLACE</b>		
CITY-ST-ZIP	<b>DULUTH GA 30096</b>		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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

4/9/99 770 840 0363