

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005892 (5)**

1. Corporation Name
TRIAK SERVICES CORP

FILED
95 JAN 25 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1665 PALM BEACH LAKE BLVD.
SUITE 802
WEST PALM BEACH FL 33401**

Mailing Address
**50 BROADWAY
18TH FLOOR
NEW YORK NY 10004
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/28/1993	3a. Date of Last Report 03/21/1994
4. FEI Number 13-9594912	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc.	27 City & State	28 City & State
22 City & State	23 Zip	29 Country	30 Country

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD
NAME	LANG, EVERETT F
STREET ADDRESS	50 BROADWAY, 18TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	DC
NAME	KARSH, BILL
STREET ADDRESS	1 EXCHANGE PLAZA, 21ST FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	D
NAME	STILLWELL, JOE
STREET ADDRESS	1 EXCHANGE PLAZA, 21ST FLOOR
CITY-ST-ZIP	NEW YORK NY 10008
TITLE	D
NAME	WHEELER, GRANT W
STREET ADDRESS	1 EXCHANGE PLAZA, 21ST FLOOR
CITY-ST-ZIP	NEW YORK NY 10008
TITLE	VS
NAME	KAPE, BRIAN
STREET ADDRESS	50 BROADWAY, 18TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. 2 NAME	
1. 3 STREET ADDRESS	
1. 4 CITY-ST-ZIP	
2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2 NAME	
2. 3 STREET ADDRESS	
2. 4 CITY-ST-ZIP	
3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. 2 NAME	
3. 3 STREET ADDRESS	
3. 4 CITY-ST-ZIP	
4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. 2 NAME	
4. 3 STREET ADDRESS	
4. 4 CITY-ST-ZIP	
5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. 2 NAME	
5. 3 STREET ADDRESS	
5. 4 CITY-ST-ZIP	
6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2 NAME	
6. 3 STREET ADDRESS	
6. 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 secretary or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 hereon, or on an attachment with an address.

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

1/14/95
212 248 2310
(Typed Name)