

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005892 (5)**

1. Corporation Name

**TRIAK SERVICES CORP**



Principal Place of Business

1685 PALM BEACH LAKE BLVD.  
SUITE 802  
WEST PALM BEACH FL 33401

Mailing Address

50 BROADWAY  
18TH FLOOR  
NEW YORK NY 10004  
US

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

4. FEI Number

13-3594912

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES ST.  
STE. 105  
TALLAHSSEE FL 32301

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LANG, EVERETT F	
STREET ADDRESS	50 BROADWAY, 18TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KARSH, BILL	
STREET ADDRESS	1 EXCHANGE PLAZA, 21ST FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STILLWELL, JOE	
STREET ADDRESS	1 EXCHANGE PLAZA, 21ST FLOOR	
CITY-STATE-ZIP	NEW YORK NY 10006	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHEELER, GRANT W	
STREET ADDRESS	1 EXCHANGE PLAZA, 21ST FLOOR	
CITY-STATE-ZIP	NEW YORK NY 10006	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	KAPE, BRIAN	
STREET ADDRESS	50 BROADWAY, 18TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	D SETH ROSEN
33 STREET ADDRESS	50 BROADWAY
34 CITY-STATE-ZIP	NY, NY 10004
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	D ED KUCHARSKI
43 STREET ADDRESS	50 BROADWAY
44 CITY-STATE-ZIP	NY, NY 10004
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	HOWARD SEIBEL
63 STREET ADDRESS	50 BROADWAY
64 CITY-STATE-ZIP	NY, NY 10004

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 119.07(3)(f), 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.

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

1/17/96  
2122482310  
DATE (DAY) BUSINESS PHONE #

CR2E034 (12/95)