

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 06 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000005892 (5)
 1. Corporation Name
TRIAK SERVICES CORP

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

2. Principal Place of Business: 16 FORUM BLVD. SUITE 906 WEST PALM BEACH, FL 33401 US
 2a. Mailing Address: 7 HANOVER SQUARE 4TH FLOOR NEW YORK, NEW YORK 10004 US

3. Date Incorporated or Qualified: 12/28/1993
 3a. Date of Last Report: 02/14/1996
 4. FEI Number: 13-3594912
 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 or has paid the current year Intangible Personal Property Tax due June 30: Yes No

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
 81 Name: JULIA DEL DEO
 82 Street Address (P.O. Box Number is Not Acceptable): 1601 FORUM PLACE, Ste 906
 83 City: West Palm Beach FL 85 Zip Code: 33401

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: *Julia M. Del Deo* DATE: 7/22/97

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	LANG, EVERETT F	
STREET ADDRESS	50 BROADWAY, 18TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KARSH, BILL	
STREET ADDRESS	1 EXCHANGE PLAZA, 21ST FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEN, SETH	
STREET ADDRESS	50 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUCHARSKI, ED	
STREET ADDRESS	50 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAPE, BRIAN	
STREET ADDRESS	50 BROADWAY, 18TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SEIBEL, HOWARD	
STREET ADDRESS	50 BROADWAY	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NEVILLE BOLVALA (M)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	7 HANOVER SQUARE	
1.3 STREET ADDRESS	4TH FLOOR	
1.4 CITY-ST-ZIP	NEW YORK, NY 10004	
2.1 TITLE	JOHN HOLMAN (M)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7 HANOVER SQUARE	
2.3 STREET ADDRESS	4TH FLOOR	
2.4 CITY-ST-ZIP	NEW YORK, NY 10004	
3.1 TITLE	EVERETT F. LANG (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7 HANOVER SQUARE	
3.3 STREET ADDRESS	4TH FLOOR	
3.4 CITY-ST-ZIP	NEW YORK NY 10004	
4.1 TITLE	SETH ROSEN (M)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	7 HANOVER SQUARE	
4.3 STREET ADDRESS	4TH FLOOR	
4.4 CITY-ST-ZIP	NEW YORK NY 10004	
5.1 TITLE	ED KUCHARSKI (M)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	7 HANOVER SQUARE	
5.3 STREET ADDRESS	4TH FLOOR	
5.4 CITY-ST-ZIP	NEW YORK NY 10004	
6.1 TITLE	BILL KARSH (C)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	10 EXCHANGE PLACE	
6.3 STREET ADDRESS	JERSEY CITY NJ	
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Julia M. Del Deo* 7-25-97 212-863-4702

CR2E034 (4/97)