


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

FILED

Mar 11 1998 8:00am

Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F93000005892 (5)

1. Corporation Name
TRIAK SERVICES CORP



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**16 FORUM BLVD
SUITE 906
WEST PALM BEACH FL 33401
US**

Mailing Address
**7 HANOVER SQUARE
4TH FLOOR
NEW YORK NY 10004
US**

3. Date Incorporated or Qualified
12/28/1993

2. Principal Place of Business
21 **7 HANOVER SQUARE**
Suite, Apt. #, etc.
22 **4TH FLOOR**
City & State
23 **NEW YORK, NY**
Zip
24 **10004** Country
25 **US**

2a. Mailing Address
26 **7 HANOVER SQUARE**
Suite, Apt. #, etc.
27 **4TH FLOOR**
City & State
28 **NEW YORK, NY**
Zip
29 **10004** Country
30 **US**

4. FEI Number
13-3594912

Applied For
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
~~DEL DEO, JULIA~~
~~1601 FORUM PLACE~~
~~SUITE 906~~
~~WEST PALM BEACH FL 33401~~
NRAI SERVICES INC.
526 E. PARK AVENUE
TALLAHASSEE, FL
EFFECTIVE 2-16-98

10. Name and Address of New Registered Agent
81 Name **NRAI SERVICES INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **526 E. PARK AVENUE**
84 City **TALLAHASSEE** FL 85 Zip Code **32301**

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 SEE STATEMENT OF CHANGE ENCLOSED DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 92	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANG, EVERETT F	1.2 NAME	MARINO, DENNIS
STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR	1.3 STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARSH, BILL	2.2 NAME	KARSH, BILL
STREET ADDRESS	10 EXCHANGE PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	2.4 CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	3.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSEN, SETH	3.2 NAME	SHARENOW, GREGG
STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR	3.3 STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUCHARSKI, ED	4.2 NAME	MAURIELLO, GLEN
STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR	4.3 STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NEW YORK, NY 10004
TITLE	M <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	GOLVALA, NEVILLE	5.2 NAME	
STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	M <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HOLMAN, JOHN	6.2 NAME	
STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 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.

SIGNATURE: [Signature] **2-18-98** **212-863-5200**

CFR2E034 (10/97)