

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

0003862

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90126 041 ***150.00

DOCUMENT # F93000005892

1. Corporation Name
TRIAK SERVICES CORP



Principal Place of Business
7 HANOVER SQ
4TH FLOOR
NEW YORK NY 10004
US

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
12/28/1993

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
NRAI SERVICES INC
526 E PARK AVE
TALLAHASSEE 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
85 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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	MARINO, DENNIS	
STREET ADDRESS	7 HANOVER SQ 4TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KARSH, BILL	
STREET ADDRESS	10 EXCHANGE PLACE	
CITY-ST-ZIP	JERSEY CITY NJ	
TITLE	M	<input type="checkbox"/> DELETE
NAME	SHARENOW, GREGG	
STREET ADDRESS	7 HANOVER SQ, 4TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	M	<input type="checkbox"/> DELETE
NAME	MAURIELLO, GLEN	
STREET ADDRESS	7 HANOVER SQ 14 TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	M	<input type="checkbox"/> DELETE
NAME	GOLVALA, NEVILLE	
STREET ADDRESS	7 HANOVER SQUARE, 4TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARINO DENNIS	
1.3 STREET ADDRESS	7 HANOVER SQ 4th Floor	
1.4 CITY-ST-ZIP	New York NY 10004	
2.1 TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SHAH SAMIR	
2.3 STREET ADDRESS	7 HANOVER SQ, 4TH FLOOR	
2.4 CITY-ST-ZIP	NEW YORK NY 10004	
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 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: Mark A Crosson, Sr. Date: 2/14/99 Daytime Phone #: 212 863 4213

CR2E034 (1/98)