SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

DOCUMENT #
1. Corporation Name



G67585

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED Oct 01 1998 8:00am Secretary of State

TRIAM CORPORATION	

Principal Place of Business Mailing Address 20423 STATE ROAD 7 20423 STATE ROAD 7			(4001411 0010 01111 10001 01101 01101 01011 01011 01011 01011 01011 01011 01011 01011 01011			
		20423 STATE ROAD 7				
SUITE 491	CI 00400	SUITE 491			DO NOT MIDITE IN TO	IIO ADAGE
BOCA RATON FL 33498 US		BOCA RATON FL 33498 US			DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IIS SPACE
		••			11/03/1983	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		59-2339955	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.			\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
		28		Trust Fund Contribution Added to Fees		
<i>Z</i> ір — ₁	i bara bara			8. This corporation owes or has paid the current year Intangible		
24	[25]	29 	[30]		Personal Property Tax due June 30.	L Yes
	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Registere	d Agent
	YD H. ZINK, JR.		"	ot Ivanie		
	: MAJORCA PLACE A RATON FL 33434		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
800	A NATUR FL 33434		83			
			84	City	F	85 Zip Code
11 Purcuont	to the Provisions of sections 607.060	and CO7 4E09 Florida Ctatuta			<u>-</u>	— :
office or i	regist ere d agent, or both, in the State	of Florida. Such change was a	authorized by	the corporal	oration submits this statement for the purpose of dion's board of directors. I hereby accept the app	changing its registered
-	am familiar with, and accept the obliga	stions of, section 607.0505, Flo	orida Statutes	i .		
SIGNATURE .	Signature, ly;sed or printed name of registered agon	it and title if annicable. (NO	TF: Registered A	nent sinnalure rec	equired when reinslating) DATE	
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PS T	DELETE	1.1 TITLE			Change Addition
NAME	ZINK, FLOYD H.,JR.	1.2 NAME			An change To vanight	
STREET ADDRESS	0048 444 10D04 DI 40E		1.3 STREET	ADDRESS	RESS :	
CITY-ST-ZIP	BOCA RATON FL		1.4 CH Y-ST	-ZIP		334 34
TITLE	D	DELETE	2.1 TITLE			Change Addition
NAME	O'NEILL, HUGH	•••	2 2 NAME		La Change La Addition	
STREET ADDRESS	3550 LANDER RD.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	CLEVELAND OH		2.4 C/TY-S1	-ZIP		44124
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME.			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			34 CITY-ST	-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME		• • • • •	4.2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST	ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		-	5.2 NAME			
STREET ADDRESS			5.3 STREE1.	ADDRESS		
CITY-ST-ZIP			5.4 City-st-	ZIP		
TITLE	-	DELETE	6.1 TITLE			Change Addition
NAME		+1	6.2 NAME			sussige [] recorded
STREET ADDRESS			63STREET	ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-			
14. I hereby co	rtify that the information supplied with	this filing does not qualify for th			ction 119.07(3)(i), Florida Statutes. I further certify	y that the information

4. 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 affect 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.

CIONATURE

Le Red III ALLONDHILL I Propa

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