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Apr 17 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 # P35751 (7)

1. Corporation Name
TRIUMPH CORPORATE FINANCE GROUP, INC.

Principal Place of Business
222 LAKEVIEW AVE.
SUITE 160-268
WEST PALM BEACH FL 33401

Mailing Address
222 LAKEVIEW AVE.
SUITE 160-268
WEST PALM BEACH FL 33401-6145



3. Date Incorporated or Qualified 10/03/1991
3a. Date of Last Report 02/26/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 60 STATE ST		04-3000915		Not Applicable	
22 City & State		27 21ST FL		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 City & State		28 BOSTON, MA		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 Zip		25 Country		29 02109		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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
			FL	

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

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	CHAPMAN, JOHN M.	1.2 NAME	RICHARD J. WILLIAMS
STREET ADDRESS	80 GRENNAN ROAD	1.3 STREET ADDRESS	4 LONGFELLOW ROAD
CITY-ST-ZIP	WEST HARTFORD CT	1.4 CITY-ST-ZIP	WINCHESTER, MA
TITLE	VST	2.1 TITLE	TS
NAME	WILLIAMS, RICHARD J.	2.2 NAME	ROBERT M. TRIVISANI
STREET ADDRESS	4 LONGFELLOW ROAD	2.3 STREET ADDRESS	15 ABBOTT ROAD
CITY-ST-ZIP	WINCHESTER MA	2.4 CITY-ST-ZIP	WELLESLEY, MA
TITLE	D	3.1 TITLE	
NAME	JANES, THOMAS W	3.2 NAME	
STREET ADDRESS	85-A MOUNT VERNON STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	MCCARTHY, FREDERICK W.	4.2 NAME	
STREET ADDRESS	1519 N. OCEAN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. FL	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	
NAME	WILLIAMS, RICHARD J	5.2 NAME	
STREET ADDRESS	4 LONGFELLOW RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	W HARTFORD MA 061890	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CHAPMAN, JOHN M	6.2 NAME	
STREET ADDRESS	80 GRENNAN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. HARTFORD RD CT 06107	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 1 or Block 2, if changed, or on an attachment with an address.

SIGNATURE: Robert M. Trivisani 4/17/97 (617) 557-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)