FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 2:56

DOCUMENT # **P37045** **(2)**

1. Corporation Name
TRIUMPH CAPITAL GROUP, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
01/13/1992	03/29/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **04-3081875** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM **1200 SOUTH PINE ISLAND ROAD** **PLANTATION FL 33324**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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
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 12	
TITLE	PTD	1.1 TITLE	PTD ☒ Change ☐ Addition
NAME	MCCARTHY, FREDERICK W.	1.2 NAME	Mccarthy Frederick W.
STREET ADDRESS	1519 N. OCEAN WAY	1.3 STREET ADDRESS	222 Lakeview Avenue Suite 160-268
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, RICHARD J.	2.2 NAME	
STREET ADDRESS	24 NEW MEADOWS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER MA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, JOHN M.	3.2 NAME	
STREET ADDRESS	49 MOULTON STRET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MOSELEY, FREDERICK S.,IV	4.2 NAME	
STREET ADDRESS	1 HILL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOPSFIELD MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	NOONAN, E. MARK	5.2 NAME	
STREET ADDRESS	6 DOVER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X Frederick W McCarthy 4-5-95 800-557-6002
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0043108 CF