

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # V54723 (4)**

1. Corporation Name  
**TRI AXIAL, INC.**



Principal Place of Business <b>9026 KIRBY COURT                  SUITE 210                  SAN DIEGO CA 92126                  US</b>	Mailing Address <b>9026 KIRBY COURT                  SUITE 210                  SAN DIEGO CA 92126-1531                  US</b>
---	--

3. Date Incorporated or Qualified <b>08/03/1992</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>65-0348364</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>140 Cypress Club Dr.</b> Suite, Apt. #, etc. 22 <b>Suite #404</b> City & State 23 <b>Pompano Beach FL</b> Zip 24 <b>33060</b>	2a. Mailing Address 26 <b>140 Cypress Club Dr.</b> Suite, Apt. #, etc. 27 <b>Suite #404</b> City & State 28 <b>Pompano Beach FL</b> Zip 29 <b>33060</b>	Country 25 <b>USA</b> 30 <b>USA</b>
---	--	---

9. Name and Address of Current Registered Agent

**ROSENTHAL, MARVIN  
 140 CYPRESS CLUB DR.  
 SUITE 404  
 POMPAÑO BEACH FL 33060**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>SAME</b>
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, GEOFFREY A</b>	
STREET ADDRESS	<b>3305 PINEWALK DR N., SUITE 210</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOK, GEOFFREY A</b>	
STREET ADDRESS	<b>3305 PINEWALK DR N., SUITE 210</b>	
CITY-ST-ZIP	<b>MARGATE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>COOK, GEOFFREY A.</b>	
1.3 STREET ADDRESS	<b>140 CYPRESS CLUB DR, SUITE 404</b>	
1.4 CITY-ST-ZIP	<b>POMPAÑO BEACH, FL 33060</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Geoffrey A. Cook** 4/16/97 119-103-1847

CR2E034 (9/96)