

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V54723 (4)**  
1. Corporation Name  
**TRI AXIAL, INC.**



Principal Place of Business: **3305 PINEWALK DR N SUITE 210 MARGATE FL 33063-7825**  
Mailing Address: **3305 PINEWALK DR N SUITE 210 MARGATE FL 33063-7825**

3. Date Incorporated or Qualified: **08/03/1992**  
3a. Date of Last Report: **04/17/1995**  
4. FEI Number: **65-0348364**  
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

2. Principal Place of Business: **9026 KIRBY COURT**  
2a. Mailing Address: **9026 KIRBY COURT**  
22. Suite, Apt. #, etc.:  
23. City & State: **SAN DIEGO, CA**  
24. Zip: **92126** 25. Country: **USA**  
28. City & State: **SAN DIEGO, CA**  
29. Zip: **92126** 30. Country:

9. Name and Address of Current Registered Agent  
**COOK, GEOFFREY A.  
3305 PINEWALK DR N  
SUITE 210  
MARGATE FL 33063**

10. Name and Address of New Registered Agent  
81. Name: **MARVIN ROSENTHAL**  
82. Street Address (P.O. Box Number is Not Acceptable): **140 CYPRESS CLUB DR**  
83. **SUITE 404**  
84. City: **POMPANO BEACH** FL 85. Zip Code: **33060**

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 of registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)  
DATE: **4/24/96**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PVST</b>	<input type="checkbox"/>
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"/>
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"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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)(k), 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: *[Signature]* **4/24/96** **305-345-9578**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **GEOFFREY A COOK** Date: Daytime Phone #

CR2E034 (12/95)