

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

2. Principal Place of Business 21 9026 KIRBY COURT 2a. Mailing Address 26 9026 KIRBY COURT

Suite, Apt. #, etc. Suite, Apt. #, etc.

23 City & State SAN DIEGO, CA 28 City & State SAN DIEGO, CA

24 Zip 92126 25 Country USA 29 Zip 92126 30 Country USA

4. FEI Number 65-0348364 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

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 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)

4/24/96

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

305-845-9578

Daytime Phone #

CR2E034 (12/95)