

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

140 CYPRESS CLUB DR
SUITE 404
POMPANO BCH FL 33060
US

Mailing Address

140 CYPRESS CLUB DR
SUITE 404
POMPANO BCH FL 33060
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1992

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

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

M. Rosenthal
SIGNATURE ON FILE
FROM LAST YEAR - No change
FL

11. Pursuant to the provisions of Sections 607.0502, 607.1502, 607.1503, 607.1504, 607.1505, 607.1506, 607.1507, 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 in lieu of the above-named agent, and I accept the publication of this statement in the Florida Statutes.

SIGNATURE

[Signature]

4/9/98

12. OFFICERS AND DIRECTORS

TITLE P
NAME COOK, GEOFFREY A
STREET ADDRESS 140 CYPRESS CLUB DR SUITE 404
CITY-ST-ZIP POMPANO BCH FL

TITLE D
NAME COOK, GEOFFREY A
STREET ADDRESS 3305 PINEWALK DR N., SUITE 210
CITY-ST-ZIP MARGATE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

[Signature] - 4/9/98 954-340-2650

CR2E034 (10/97)