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

APPROVED AND FILED

95 MAY -1 AM 4:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V41059** **(9)**

1. Corporation Name
MEDSAFE U.S.A., INC.

Principal Place of Business	Mailing Address
48 EAST ROYAL PALM ROAD BOCA RATON FL 33432	48 EAST ROYAL PALM ROAD BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/04/1992**
3a. Date of Last Report: **04/26/1994**

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

4. FEI Number: **65-0338715** — 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 was originally incorporated or qualified in Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, MORRIS
48 E. ROYAL PALM ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 Section 607.0505, 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

12. OFFICER AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MORRIS	NAME	
STREET ADDRESS	48 E. ROYAL PALM RD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	DALFEN, ROBRT	NAME	
STREET ADDRESS	48 E. ROYAL PALM RD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE	STD	TITLE	☐ Change ☐ Addition
NAME	BRAMNICK, HINDA	NAME	
STREET ADDRESS	48 E. ROYAL PLAM RD.	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. To the best of my knowledge, the information supplied with this filing is complete and accurate. I further certify that the information indicated on this 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 with an address.

SIGNATURE: Norris Robinson, Pres. 4/27/95 407-368-9180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE #

0250672 CP

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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V41161 (3)

1. Corporation Name
TRIANGLE POOL CARE INC.

Principal Place of Business
25753 VERO ST.
SORRENTO FL 32776

Mailing Address
25753 VERO ST.
SORRENTO FL 32776

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1992	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-3123418	☐ 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	

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / County 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SEMPLE, MICHELLE L.
4716 HENRY ST.
APOPKA FL 32712

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, EDWARD W.	1 NAME		
STREET ADDRESS	25753 VERO ST.	1 STREET ADDRESS		
CITY-ST-ZIP	SORRENTO FL	1 CITY-ST-ZIP		
TITLE		2 TITLE		☐ Change ☐ Addition
NAME		2 NAME		
STREET ADDRESS		2 STREET ADDRESS		
CITY-ST-ZIP		2 CITY-ST-ZIP		
TITLE		3 TITLE		☐ Change ☐ Addition
NAME		3 NAME		
STREET ADDRESS		3 STREET ADDRESS		
CITY-ST-ZIP		3 CITY-ST-ZIP		
TITLE		4 TITLE		☐ Change ☐ Addition
NAME		4 NAME		
STREET ADDRESS		4 STREET ADDRESS		
CITY-ST-ZIP		4 CITY-ST-ZIP		
TITLE		5 TITLE		☐ Change ☐ Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		☐ Change ☐ Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 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: Edward W. Campbell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/95 Date — 904 383 8944 Daytime Phone

0061189 CP