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May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V41161 (3) 1. Corporation Name TRIANGLE POOL CARE INC.			
Principal Place of Business 25444 SR 48 SUITE 3 SORRENTO FL 32776 US		Mailing Address 25444 SR 48 SUITE 3 SORRENTO FL 32776-8101 US	
2. Principal Place of Business 21 25753 VERO ST. Suite, Apt. #, etc. 22 City & State 23 SORRENTO, FL Zip Country 24 32776 25 USA		2a. Mailing Address 26 P.O. Box 204 Suite, Apt. #, etc. 27 City & State 28 SORRENTO FL Zip Country 29 32776 30 USA	
9. Name and Address of Current Registered Agent SEMPEL, MICHELLE L. 4718 HENRY ST. APOPKA FL 32712		10. Name and Address of New Registered Agent 81 Name EDWARD CAMPBELL 82 Street Address (P.O. Box Numbers Not Acceptable) (P.O. Box 204) 83 25753 VERO ST. 84 City SORRENTO FL 85 Zip Code 32776	
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 Edward W. Campbell (NOTE: Registered Agent signature required when reinstating) DATE 3/10/97			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP D CAMPBELL, EDWARD W. 25753 VERO ST. SORRENTO FL [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE [ ] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [ ] Change [ ] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE [ ] Change [ ] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [ ] Change [ ] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [ ] Change [ ] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [ ] Change [ ] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [ ] Change [ ] 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: Edward W. Campbell REQUIRED Edward W. Campbell 3-10-97 352-383-8944 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			



CR2E034 (9/96)