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 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24452 (5)

1. Corporation Name
CRESCENT VIEW HOLDINGS CORPORATION

Principal Place of Business	Mailing Address
% WILLIAM MERRILL III 2033 MAIN STREET, STE 600 SARASOTA FL 34237-3052	% WILLIAM MERRILL III 2033 MAIN STREET, STE 600 SARASOTA FL 34237-3052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1989
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: NOT APPLICABLE ☐ 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

MERRILL, WILLIAM W., III
2033 MAIN STREET, SUITE #600
SARASOTA FL 34237

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 _____ DATE
(Signature, typed or printed name of registered agent and the date as required) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	MEWHIRTER, GERALD R.	12 NAME	MEWHIRTER, GERALD R.	
STREET ADDRESS	RURAL ROUTE 2	13 STREET ADDRESS	672 BRUSHGROVE	
CITY-ST-ZIP	KING CITY, ONT., CAN	14 CITY-ST-ZIP	AURORA, ONTARIO L4G 3G8	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	WALTER, PETER M.	22 NAME		
STREET ADDRESS	RURAL ROUTE 1	23 STREET ADDRESS		
CITY-ST-ZIP	SCHOMBERG, ONT., CAN	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	KERSHAW, JOHN P.	32 NAME		
STREET ADDRESS	24 SOLWAY CT	33 STREET ADDRESS		
CITY-ST-ZIP	AGINCOURT, ONT., CAN	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	BOYD, PETER B.	42 NAME		
STREET ADDRESS	BOX 109	43 STREET ADDRESS		
CITY-ST-ZIP	KING CITY, ONT., CAN	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	DARKER, DAVID J.	52 NAME	DARKER, DAVID J.	
STREET ADDRESS	10820 PINE VALLEY DR.	53 STREET ADDRESS	No longer a director	
CITY-ST-ZIP	WOODBRIDGE, ONT.,CAN	54 CITY-ST-ZIP		
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	FENN, ROBERT J.	
STREET ADDRESS		63 STREET ADDRESS	16 BUTTERFIELD DRIVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	DON MILLS, ONTARIO M3A 2L8	

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: [signature] GERALD R. MEWHIRTER 4/28/95 (905)841-4117
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0343911 CP