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FILED

Feb 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24452 (5)

1. Corporation Name

CRESCENT VIEW HOLDINGS CORPORATION

Principal Place of Business

% WILLIAM MERRILL, III
2033 MAIN STREET, STE 600
SARASOTA FL 34237-3052

Mailing Address

% WILLIAM MERRILL, III
2033 MAIN STREET, STE 600
SARASOTA FL 34237-6091

3. Date Incorporated or Qualified

05/23/1989

3a. Date of Last Report

03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

27 City & State

28 Zip

30 Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETENAME MEWHIRTER, GERALD R.
STREET ADDRESS 672 BRUSHGROVE
CITY-ST-ZIP AURORA ONTITLE SD ☐ DELETENAME WALTER, PETER M.
STREET ADDRESS RURAL ROUTE 1 N/A
CITY-ST-ZIP SCHOMBERG, ONT., CANTITLE TD ☐ DELETENAME KERSHAW, JOHN P.
STREET ADDRESS 24 SOLWAY CT
CITY-ST-ZIP AGINCOURT, ONT., CANTITLE D ☐ DELETENAME BOYD, PETER B.
STREET ADDRESS BOX 109 N/A
CITY-ST-ZIP KING CITY, ONT., CANTITLE D ☐ DELETENAME FENN, ROBERT J
STREET ADDRESS 16 BUTTERFIELD DR
CITY-ST-ZIP DON MILLS ONTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 6/97 905-841 6112

CR2E034 (9/96)