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

PROFIT CORPORATION **ANNUAL REPORT**

1998

City & State

Zip

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P24452

(5)

City & State

Zip

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CRESCENT VIEW HOLDINGS CORPORATION

CHESCERT VIEW HOLDING	35 CORFORMION				
Principal Place of Business	Mailing Address	T LEGISCON LIFE TIONS OFFIS STORE CITIES IN BLOCK EVENT BLOCK BLOCK BLOCK AND AND STORE			
% WILLIAM MERRILL. (II 2033 MAIN STREET, STE 600 SARASOTA FL 34237-3052	% William Merrill, III 2033 main Street, 8te 600 Sarasota Fl 34237-3052	DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualified 05/23/1989			
2. Principal Place of Business	2a. Mailing Address	4. FEI Number Applied Fo			
21	26	NOT APPLICABLE Not Applica			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired \$8.75 Additiona			

9. Name and Address of Current Registered Agent MERRILL, WILLIAM W., III 2033 MAIN STREET, SUITE #600 SARASOTA FL 34237

Country

		I					
		. (Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
oui	ntry		 This corporation owes or has personal Property Tax due June 	30. J	current year Intangible Yes No		
T		1	Name and Address of New Re	gistered	Agent		
81 Name							
ľ	82 Street Address (P.O. Box Number is Not Acceptable)						
ľ	83		······································	, - , - , - , - , - , - , - , - , - , -			

FILED

Mar 10 1998 8:00am

Secretary of State

Applied For Not Applicable

Fee Required

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

City

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 DIR		13.	-	OFFICERS AND DIRECTO	RS IN 12					
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change	Addition					
NAME	MEWHIRTER, GERALD R.		1.2 NAME								
STREET ADDRESS	672 BRUSHGROVE		1.3 STREET ADDRESS								
CITY-ST-ZIP	AURORA ON		1.4 CITY-ST-ZIP								
TITLE	SD	DELE te	2.1 TITLE		Change	Addition					
NAME	WALTER, PETER M.		2.2 NAME								
STREET ADDRESS	RURAL ROUTE 1 N/A		2.3 STREET ADDRESS								
CITY-ST-ZIP	SCHOMBERG, ONT., CAN		2. 4 CITY-ST-ZIP								
TITLE	10	☐ DELE te	3.1 TITLE		Change	Addition					
NAME	KERSHAW, JOHN P.		3.2 NAME								
STREET ADDRESS	24 SOLWAY CT		3.3 STREET ADDRESS								
CITY-ST-ZIP	AGINCOURT, ONT., CAN		3.4. CITY-ST-ZIP								
TITLE	D	DELETE	4.1 TITLE		☐ Change	Addition					
NAME	BOYD, PETER B.		4. 2 NAME								
STREET ADDRESS	BOX 109 N/A		4.3 STREET ADDRESS								
CITY-ST-ZIP	KING CITY, ONT., CAN		4.4 CITY - ST - ZIP								
TITLE	D	DELETE	5.1 TITLE		☐ Change	Addition					
NAME	FENN, ROBERT J		5.2 NAME								
STREET ADDRESS	16 BUTTERFIELD DR		5.3 STREET ADDRESS			1					
CITY-ST-ZIP	DON MILLS ON		5.4 CITY-ST-ZIP								
TITLE		DELETE	6.1 TITLE		☐ Change	Addition					
NAME			6.2 NAME								
STREET ADDRESS			6.3 STREET ADDRESS								
CITY-ST-ZIP			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

941-364-9224 olular