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

FILED
SECRETARY OF STATE
95 JUN -1 PM 0:13

DOCUMENT # **P93000001325 (8)**

1. Corporation Name

CRESTVIEW FOLIAGE, INC.

Principal Place of Business	Mailing Address
3673 ROUND LAKE ROAD **ZELLWOOD FL 32798**	**PO BOX 461** **ZELLWOOD FL 32798** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/30/1992**	3a. Date of Last Report: **03/29/1994**
4. FEI Number: **59-3155537**	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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

JONES, JOHNS F OHN
3665 ROUND LAKE ROAD
ZELLWOOD FL FL327-98

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
01 TITLE	PD	11 TITLE	☐ Change ☐ Addition
02 NAME	JONES, JOHN F	12 NAME	
03 STREET ADDRESS	3665 ROUND LAKE ROAD	13 STREET ADDRESS	
04 CITY ST ZIP	ZELLWOOD FL 32798	14 CITY ST ZIP	
05 TITLE	SVTD	21 TITLE	☐ Change ☐ Addition
06 NAME	JONES, SUE E	22 NAME	
07 STREET ADDRESS	3665 ROUND LAKE ROAD	23 STREET ADDRESS	
08 CITY ST ZIP	ZELLWOOD FL 32798	24 CITY ST ZIP	
09 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
21 TITLE		61 TITLE	☐ Change ☐ Addition
22 NAME		62 NAME	
23 STREET ADDRESS		63 STREET ADDRESS	
24 CITY ST ZIP		64 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 the 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: Sue E. Jones Sue E. Jones 5-31-95 407-886-5398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0417042 FP

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000001758 (0)**

1. Corporation Name

ADVERTISING CONSULTANTS WORLDWIDE, INC.

Principal Place of Business	Mailing Address
1720 HARRISON STREET **7TH FLOOR** **HOLLYWOOD FL 33020**	**1720 HARRISON STREET** **7TH FLOOR** **HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/04/1993**

3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **65-0387321** ☐ Applied For ☐ Not Applicable
Suite Apt. # etc. 22	Suite Apt. # etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SHAPIRO, JAMES J **1720 HARRISON STREET** **7TH FLOOR** **HOLLYWOOD FL 33020**	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 the 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

(Typed, Printed or Stamped Name of Registered Agent) (Registered Agent's Signature) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PVST	11 TITLE	☐ Change ☐ Addition
2 NAME	SHAPIRO, JAMES J	12 NAME	
3 STREET ADDRESS	1720 HARRISON STREET, 7TH FLOOR	13 STREET ADDRESS	
4 CITY ST ZIP	HOLLYWOOD FL 33020	14 CITY ST ZIP	
5 TITLE	Vice President	21 TITLE	☐ Change ☒ Addition
6 NAME	Deb Campanella	22 NAME	Vice President Deborah S. Campanella 1820 First Federal Plaza Rochester, NY 14614
7 STREET ADDRESS	1820 First Federal Plaza	23 STREET ADDRESS	
8 CITY ST ZIP	Rochester NY 14614	24 CITY ST ZIP	
9 TITLE		31 TITLE	☐ Change ☐ Addition
10 NAME		32 NAME	
11 STREET ADDRESS		33 STREET ADDRESS	
12 CITY ST ZIP		34 CITY ST ZIP	
13 TITLE		41 TITLE	☐ Change ☐ Addition
14 NAME		42 NAME	
15 STREET ADDRESS		43 STREET ADDRESS	
16 CITY ST ZIP		44 CITY ST ZIP	
17 TITLE		51 TITLE	☐ Change ☐ Addition
18 NAME		52 NAME	
19 STREET ADDRESS		53 STREET ADDRESS	
20 CITY ST ZIP		54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 and be 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: X Deborah S. Campanella
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH S CAMPANELLA

5/24/95
Date

716-262-6350
Daytime Phone #

000048 CP