

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sheela B. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000013466 (7)**

1. Corporation Name  
**WESTERN VISIONS, INC.**



Principal Place of Business

**4110 CITRUS STREET  
KISSIMMEE FL 34746**

Mailing Address

**WESTERN VISIONS, INC.  
1342 E. VINE ST. STE. 397  
KISSIMMEE FL 34744  
US**

3. Date Incorporated or Qualified <b>12/17/1992</b>	3a. Date of Last Report <b>03/17/1995</b>
4. FEI Number <b>59-3155637</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 State, Apt. #, etc  
22 City & State  
23 Zip

2a. Mailing Address

26 State, Apt. #, etc  
27 City & State  
28 Zip

24 Country

25 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

**WINTERS, SANDRA S.  
1342 E VINE ST  
#397  
KISSIMMEE FL 34744**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				<b>FL</b>

11. Pursuant to the provisions of Sections 607.0402 and 607.1904, 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 607.0402, Florida Statutes.

SIGNATURE: *Sandra S. Winters*  
Signature of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	HOLLAND, LAKRISTA,	
STREET ADDRESS	1342 E VINE ST #397	
CITY-STATE-ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HOLLAND, STEFANIE L.	
STREET ADDRESS	33925 TARA WOOD DR	
CITY-STATE-ZIP	LEESBURG FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WINTERS, STEPHEN R.	
STREET ADDRESS	1342 E VINE ST #397	
CITY-STATE-ZIP	KISSIMMEE FL	
TITLE	<i>Non-Resident Secretary</i>	<input type="checkbox"/> DELETE
NAME	<i>Stephanie L. Holland</i>	
STREET ADDRESS	<i>1342 E Vine St #397</i>	
CITY-STATE-ZIP	<i>Kissimmee, FL 34744</i>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<i>President (cash)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<i>Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<i>Secretary</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<i>Vice President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<i>Sandra S. Winters</i>
43 STREET ADDRESS	<i>1342 E. Vine St #397</i>
44 CITY-STATE-ZIP	<i>Kissimmee, FL 34744</i>
51 TITLE	<i>Director</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<i>Stephanie L. Holland</i>
53 STREET ADDRESS	<i>1342 E. Vine St #397</i>
54 CITY-STATE-ZIP	<i>Kissimmee, FL 34744</i>
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably true and I do not qualify for the exemption stated in Section 199.07(3)(a), 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 change, or on an attachment with an address.

SIGNATURE: *Sandra S. Winters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/17/95* *401 SW 50th*

CR2E034 (12/95)