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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 34744-3655
 US**

3. Date Incorporated or Qualified 12/17/1992	3a. Date of Last Report 04/15/1996
4. FEI Number 59-3155637	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Sandra S Winters DATE: 1/13/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOLLAND, LAKRISTA,	
STREET ADDRESS	1342 E VINE ST #397	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLLAND, STEFANIE L.,	
STREET ADDRESS	33925 TARA WOOD DR	
CITY - ST - ZIP	LEESBURG FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WINTERS, STEPHEN R.	
STREET ADDRESS	1342 E VINE ST #397	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SANDRA S. WINTERS	
STREET ADDRESS	1342 E. VINE ST. #397	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTHEW D. WINTERS	
STREET ADDRESS	1342 E. VINE ST. #397	
CITY - ST - ZIP	KISSIMMEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carter, Stefanie L.
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra S Winters DATE: 01/13/97 DAYTIME PHONE #: 407-870-2695
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)