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FILED
Mar 19 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 # F41309 (8)

1. Corporation Name
WESTERN FINANCIAL CAPITAL CORPORATION



Principal Place of Business: **4000 HOLLYWOOD BLVD. SUITE 435-S HOLLYWOOD FL 33021 US**
 Mailing Address: **4000 HOLLYWOOD BLVD. SUITE 435-S HOLLYWOOD FL 33021-6751 US**

3. Date Incorporated or Qualified: **08/20/1981**
 3a. Date of Last Report: **06/11/1996**
 4. FEI Number: **63-0785825**
 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
 21 State, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
**ROSEMORE, FREDRIC M
 4000 HOLLYWOOD BLVD., STE 435 S
 HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: _____ (N/DIT - Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENBERG, MARTHA R.	
STREET ADDRESS	UNDERWOOD RD AT 43 N HWY	
CITY - ST - ZIP	RUSSELLVILLE AL	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ROSEMORE, LANCE B.	
STREET ADDRESS	4000 HOLLYWOOD BLVD., STE. 435-S	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEMORE, FREDERIC M.	
STREET ADDRESS	4000 HOLLYWOOD BLVD., STE. 435-S	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMIL, THOMAS	
STREET ADDRESS	123 E. 85TH STREET	
CITY - ST - ZIP	NEW YORK NY 10128	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ROSEMORE, ANDREW	
STREET ADDRESS	4000 HOLLYWOOD BLVD., STE. 435-S	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSEMORE, MARION	
STREET ADDRESS	4000 HOLLYWOOD BLVD., STE. 435-S	
CITY - ST - ZIP	HOLLYWOOD FL 33021	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____

CR2E034 (9/96)