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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075011 (3)

WESTERN CRAFTS & GIFTS, CO.

5600 W. COLONIAL DRIVE 312 ORLANDO FL 32808		5600 W. COLONIAL DRIVE 312						
		ORLANDO FL 32808-7846						
US		US			3. Date Incorporated or Qualified	3a. Date of I		port
					09/28/1995	04/15/19		
	ace of Business	2a. Mailing Address			4. FEI Number	-		lied For
21		26			59-3339744 Not Applicable			
Suite Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired	T -		dditional	
22		City & State				ee Req		
City & State	,	├			6. Election Campaign Financing Trust Fund Contribution		5.00 k dded 10	
23	Country	28 Zip	Cour	tor				
Zip		- }	30	uy	8. This corporation has liability for i	ntangible tax ur 1 Yes - No		199.032,
24	25 9. Name and Address of Currer	29 Agent	[30]		10. Name and Address of New Re			
		it riegistered Agent		31 Name	Id. Idano and received of from the	plotoroo rigeni		
PRENTISS, WILLIAM C								
	VINELAND RD.]1	Street Addr	ess (P.O. Box Number is Not Acceptab	le)		
UHL	ANDO FL 32819		-	33		 		
			ľ	~				
			Ī	City		FL 85	Zip Ci	ode
ata 15	102.00	22 and 607 4500 Florida Ctal.	too the ob		poration submits this statement for the p		alpa ita	racialarad
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorized	by the corporat	ion's board of directors. I hereby accep	ot the appointment	ging its ent as r	egistered
agent. La	m familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Statu	tes				·
SIGNATURE						/		
12.	Signative typed or printed name or registered age	est and title if applicable. (NO D DIRECTORS	TE: Registered	Agent signature requir	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE COS AND DIDE	PROTO	HNI 12
101.6		DELETE	1.1 BTI	F I	ADDITIONS/CHANGES TO OFFICE	CI CI		Addition
	PD		1.2 NAJ			v.	, and a	
NAME	PRENTISS, WILLIAM C							
STREET ADDRESS	6515 VINELAND RD.			EET ADDRESS				
C-TY - ST - ZiP	ORLANDO FL 32819	DELETE		7-ST-24P		□ ci	hanea	Addition
1131.6	SD CONTRACTOR OF THE PARTY OF T	ן טנננונ	2.1 TITI	ŀ		L. 0	напус	E
NAME	PRENTISS, SARAH T		2.2 NA	· .				
STREET ADDRESS	6515 VINELAND RD.		1	EET ADDRESS				
CITY-ST-7IP	ORLANDO FL 32819		2.4 CiT 31 TiTi	Y-ST-ZIP	<u> </u>		h-n-n-	I delilion
1171.6	Ţ	_				□ c	nange	Addition
NAME	PRENTISS, MARY E		3 2 NA					
STREET ADDRESS	8515 VINELAND RD.			EET ADDRESS				
CHY-SI-ZIP	ORLANDO FL 32819	[] ociess		Y-ST-ZIP		——————————————————————————————————————		Table.
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NAME			4. 2 NA	!				
STREET ADDRESS				EET ADDRESS				
CHY ST ZIP		T priese		V-ST-ZIP		——————————————————————————————————————	L	1.122
THE		☐ DELETE	5.1 T(T)	i		<u> </u>	hange	Addition
NAME			5.2 NAI	AE				
STREET ADDRESS			5.3 STF	EET ADDRESS				•
CITY+ST+ZIP			5.4 CIT	Y-ST-ZIP				
TIILE		☐ DELETE	6.1 TIT	E]		[] C	hange	Addition
NAME		,	6.2 NA	NE				
STREET ADDRESS			6.3 ST	EET ADDRESS				
CHY-St-Z02				Y - ST - ZIP				
14. I do heret	by certify that the information supplie	d with this filing does not qua	lify for the i	exemption stated	d in Section 119.07(3)(i), Florida Statute	s. I further certif	ly that the	ne or poth: th=t
informatic Lam an o	m indicated on this annual report or : fliger or director of the corporation o	supplemental annual report is rithe receiver or trustee empo	urue and a wered to e:	ccurate and that recute this repor	t my signature shall have the same lega rt as required by Chapter 607, Florida S	a enect as a ma Statutes; and the	at my na	er oain; inat ame
appears i	n Block 12 or Block 13 if changed, o	or on an alta thment with an ac	ddress.					