

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **347417** (8)

1. Corporation Name  
**WORLD WIDE INNS INC**



Principal Place of Business: **2120 SOUTH 1300 EAST SUITE 101 SALT LAKE CITY UT 84106**  
Mailing Address: **2120 SOUTH 1300 EAST SUITE 101 SALT LAKE CITY UT 84106**

3. Date Incorporated or Qualified: **06/05/1969**  
3a. Date of Last Report: **04/12/1995**  
4. FEI Number: **59-1263630**  
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, Suite, Apt. #, etc.: 22, City & State: 23, Zip: 24, Country: 25  
2a. Mailing Address: 26, Suite, Apt. #, etc.: 27, City & State: 28, Zip: 29, Country: 30

9. Name and Address of Current Registered Agent: **PETROSKI, BARBARA J. 100 W LUCERNE CIRCLE #504 ORLANDO FL 32801**  
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 agree to, the provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Barbara J. Petroski, Reg. Agent** 1-25-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>S</b>	NAME: <b>TOBLER, JENNIFER</b>	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2120 SOUTH 1300 EAST, #101</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT 84106</b>	1.2 NAME:	
TITLE: <b>VPD</b>	NAME: <b>ZIMMER, JACK</b>	1.3 STREET ADDRESS:	
STREET ADDRESS: <b>P.O. BOX 140095 N/A</b>	CITY-ST-ZIP: <b>ORLANDO FL 32814-0095</b>	1.4 CITY-ST-ZIP:	
TITLE: <b>PD</b>	NAME: <b>PETERSON, MARILYN</b>	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: <b>2120 SOUTH 1300 EAST, #101</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT 84106</b>	2.2 NAME:	
TITLE: <b>D</b>	NAME: <b>HAMILTON, FINLEY</b>	2.3 STREET ADDRESS:	
STREET ADDRESS: <b>2120 SOUTH 1300 EAST, #101</b>	CITY-ST-ZIP: <b>SALT LAKE CITY UT 84106</b>	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 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)(k), 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: *Jennifer Tobler* **Jennifer Tobler, Sec. 1/15/96** 801-487-4048  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE LISTED PHONE #

CR2E034 (12/95)