


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

FILED

**Feb 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 347417 (8)

1. Corporation Name
WORLD WIDE INNS INC



Principal Place of Business 3069 E. CARRIGAN CANYON DR. SALT LAKE CITY UT 84109	Mailing Address P.O. BOX 521238 SALT LAKE CITY UT 84152
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3. Date Incorporated or Qualified 06/05/1969	3a. Date of Last Report 01/30/1996
4. FEI Number 59-1263630	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 checked="" type="checkbox"/> Yes <input 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 Country	28 Zip Country
24	29
25	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 **Erich Huemer**

82 Street Address (P.O. Box Number is Not Acceptable)
1400 International Drive

83

84 City **Orlando** FL 85 Zip Code **32819**

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: *Erich Huemer* DATE: **1/10/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	TOBLER, JENNIFER
STREET ADDRESS	2120 SOUTH 1300 EAST, #101
CITY-ST-ZIP	SALT LAKE CITY UT 84108
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ZIMMER, JACK
STREET ADDRESS	P.O. BOX 140095 N/A
CITY-ST-ZIP	ORLANDO FL 32814-0095
TITLE	PD <input type="checkbox"/> DELETE
NAME	PETERSON, MARILYN
STREET ADDRESS	2120 SOUTH 1300 EAST, #101
CITY-ST-ZIP	SALT LAKE CITY UT 84108
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMILTON, FINLEY
STREET ADDRESS	2120 SOUTH 1300 EAST, #101
CITY-ST-ZIP	SALT LAKE CITY UT 84108
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr
1.4 CITY-ST-ZIP	Salt Lake City, Utah 84109
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr.
3.4 CITY-ST-ZIP	Salt Lake City, Utah 84109
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3069 E. Carrigan Canyon Dr
4.4 CITY-ST-ZIP	Salt Lake City, Utah 84109
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]* DATE: **1/6/97** DAYTIME PHONE #: **801-487-4048**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)