

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

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



2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/05/1969

3a. Date of Last Report

01/30/1996

4. FEI Number

59-1263630

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/97

801-487-4048

Date Daytime Phone #

CR2E034 (9/96)