

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000051547 (6)

1. Corporation Name

WORLDWIDE HOSPITALITY GROUP, INC.



Principal Place of Business

Mailing Address

800 N. MAGNOLIA AVE.
SUITE 1015
ORLANDO FL 32803
US

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SUITE 1015
ORLANDO FL 32803
US

3. Date Incorporated or Qualified

07/02/1993

3a. Date of Last Report

08/08/1995

4. FEI Number

59-3191231

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

PY, ARTHUR B JR
201 N MAGNOLIA AVE
STE 204
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name Arthur B. PY Jr.
82 Street Address (P.O. Box Number is Not Acceptable)
800 N Magnolia Ave
83 Ste 1015
84 City ORLANDO FL 85 Zip Code 32803

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	D	DELETE
NAME	PY, ARTHUR B JR	
STREET ADDRESS	800 N. MAGNOLIA AVE., STE. 1015	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	PY, BRIAN A	
STREET ADDRESS	800 N. MAGNOLIA AVE., STE. 1015	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	GAUTSCHI, RENE	
STREET ADDRESS	800 N. MAGNOLIA AVE., STE. 1015	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	DELETE
NAME	BKOF, GERALD	
STREET ADDRESS	800 N. MAGNOLIA AVE., STE. 1015	
CITY-ST-ZIP	ORLANDO FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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 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 617, 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

Brian A. Py S.M.V.P. 6-6-96

Date

Daytime Phone

407 839 4548

CR2E034 (3/96)