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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Saridra B. Morthan

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT # P9500093467 (5)

1. Corporation Name

WORLD	WIDE GOLF CORP.								
Principal Place	of Business	Mailing Address					WEEFI WOILD WIEF 1	1)(Q1 \$(E U)	'AN (ED) (ED)
7791 COURTYARD RUN, WEST 7791 COURTYARD RUN, W BOCA RATON FL 33433 BOCA RATON FL 33433			WEST						
						3. Date Incorporated or Qualified 12/08/1995	3a. Date of	Last Re	part
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21		26	···			13-387046	<u> </u>	_	lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc	Suite, Apt. #, etc			5. Certificate of Status Desired Section Secti			
City & State		City & State	7 Orty & State			6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution			to Fees
Žip	Country	Zip	Cou	intry		8. This corporation has liability for		inder s	199.032,
24	25	29	30	.			s ZNo		
	9. Name and Address of Curren	t Registered Agent	. – – – – –	 	Name	10. Name and Address of New			
0 = 000	DARLEIGH AVATEL			°'	Name.		LE	ELA	NARAD
C T CORPORATION SYSTEM				82	Street Addre	ss (P.O. Box Number is Not Accept	Sple)	1 =	-
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				83	_1_11	COURTY ARCO K	, COO .	<u>~ C</u>	3,
POMINI	ION FL 33324								
				84	FEAR.	a RATON	FL	85 Zip	^{ଫୁ} ଟ୍ଟର
familiar wit SIGNATURE	ed agent, or both, in the State of Florich, and account the collegations of, Section 1997. Signature then or prive case of registered agent.	on 607,0505, Florida Statutes — LEELA N	ARA	NG		esident www.renetatrogr	2-20. DATE	96	
12.	OFFICERS AND		13.		_	ADDITIONS/CHANGES TO O			
TITLE	PRESIDENT	☐ DELETÉ	117				LJ	Change	☐ Addition
NAME	LEGIA NARANG 5 SLEEPY HOLLOW	20	12 N		LD DDDCCC				
STREET ADDRESS	WESTPORT, CT 0680			TY ST	ADDRESS .	İ			
CITY - ST - ZIP TITLE	SECRETARY DELETE			HTLF	· L:r			Change	Addition
NAME	DEMETRIALS YANKOU			IAMÉ			<u> </u>		_
STREET ADDRESS	Long and other consections				ADDRESS				
CITY-ST-ZIP	cummiN6, GA 30130			12 - Y11:	- ZIP				
TITLE	DECETE		3 1 1	III.E	Ť			Change	Addition
NAME			3 2 N	AME					
STREET ADORESS			333	STREET	ADORESS				1
CITY - ST- ZIP		F 201.516	_	IIY-SI	-ZIP			Chaosa	Addition
TITLE		☐ DELETE		TITLE			LJ	Change	☐ Addition
NAME			42 h		*DODECC				
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP	DELETE			44 CHY+SI-ZIP 5 1 TITUE		, 		Change	Addition
TITLE NAME		L., 21		IAME				-	_
STREET ADDRESS					ADORESS				Ì
CITY-ST-ZIP				CITY-S		0000017	7425	iO.	
TITLE		☐ DELETE		TITLE	i aran		111609	Change	Add tion
NAME			621	NAMÉ		***200.00		-	$\nabla (l)$
STREET ADDRESS			635	STREET	ADDRESS				WY

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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-96

(407)395-5689