


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

FILED

Sep 17 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 # <u>P96000003374</u>			
1. Corporation Name <u>Hess World Corporation</u>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 <u>8990 INTERNATIONAL DR</u>		26 <u>SAME AS 2</u>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 <u>ORLANDO, FL</u>		28 <u>ORANGE</u>	
24 <u>32819</u>		29 <u>ORANGE</u>	
25 <u>ORANGE</u>		30 <u>ORANGE</u>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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.		81 Name <u>SAM W. Groom</u>	
SIGNATURE <u>[Signature]</u>		82 Street Address (P.O. Box Number is Not Acceptable) <u>2750 VICKIE COURT</u>	
83		84 City <u>KISSIMMEE</u> FL 85 Zip Code <u>34744</u>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
1. TITLE <input type="checkbox"/> DELETE		1.1 TITLE <u>PRESIDENT</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2. NAME		1.2 NAME <u>SAM W. Groom</u>	
3. STREET ADDRESS		1.3 STREET ADDRESS <u>2750 VICKIE COURT</u>	
4. CITY-ST-ZIP		1.4 CITY-ST-ZIP <u>KISSIMMEE, FL 34744</u>	
5. TITLE <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-ST-ZIP		2.4 CITY-ST-ZIP	
9. TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-ST-ZIP		3.4 CITY-ST-ZIP	
13. TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-ST-ZIP		4.4 CITY-ST-ZIP	
17. TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-ST-ZIP		5.4 CITY-ST-ZIP	
21. TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-ST-ZIP		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. 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] 9-10-97 4073541400