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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

WORLD WIDE ESCAPADES, INC. Principal Place of Business Mailing Address												
22247 ALYSSU BOCA RATON	JM WAY	-	22247 ALYSS	22247 ALYSSUM WAY BOCA RATON FL 33433-4801								
								e Incorporated or Qualific 105/1996	ed Sa. Da	ate of Last Re	eport	
2. Principal P	lace of Busin	hess	i	1				Number			oplied For	
21 Suite, Apt	# etc		26 Suite An	Suite, Apt. #, etc.						\$8.75 A	Applicable	
22	W, CIC.		 	27			5, Cen	tificate of Status Desired		Fee Re		
City & Stat	e			City & State				ction Campaign Financing	, D	\$5.00 Added t		
Zip	Country Zip			Country 30			8. This	This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
	g, Name	and Address of Curre		nt			10, Nar	me and Address of New	Registered	Agent		
	YTONE, EL				61	Name					l	
	JM WAY		82 Street Ad			ddress (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33433					83			······································				
					84	City	·		FL	85 Zip (Code	
11, Pursuant	to the provis	ons of Sections 607.05	02 and 607.1508, F	lorida Statut	tes, the above	e-named c	orporation sul	bmits this statement for t		changing it	s registered	
office or r agent. I a	registerød ag irn familiar w	gent, or both, in the Stat ith, and accept the obli	te of Florida. Such o gations of, Section (change was : 607.0505, Fi	authorized by orida Statutes	the corpo	oration's board	bmits this statement for to d of directors. I hereby ac	cept the app	ointment as	registered	
SIGNATURE	Stocature Ivono	or printed name of registered a	oent and title if sopi-cable	(NO)	IE: Begistered Age	nt signature ri	quired when reinst	lating)	DATE			
12.			ND DIRECTORS					TIONS/CHANGES TO O		DIRECTOR	IS IN 12	
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NAME					6.2 NAME							
STREET ADDRESS	1				63 STREET	ADDRESS						

SIGNATURE:

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 or an attachment with an address.

FILED

May 14 1997 8:00am

Secretary of State