

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

032420

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F33098

1. Corporation Name
SECOND PALM BEACH MOTEL ENTERPRISES, INC.

Principal Place of Business
**1601 BELVEDERE RD. SUITE 501 S
WEST PALM BEACH FL 33406**

Mailing Address
**1601 BELVEDERE RD. SUITE 501 S
WEST PALM BEACH FL 33406**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **3445 Peachtree Rd. NE**
22 **Suite 700**
23 **Atlanta, GA 30326**
24 Zip Country
25

2a. Mailing Address
26 **3445 Peachtree Rd. NE**
27 **Suite 700**
28 **Atlanta, GA 30326**
29 Zip Country
30

- 3. Date Incorporated or Qualified
05/01/1981
- 4. FEI Number
59-2095195 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 owes the current year Intangible Personal Property Tax Yes No
- 10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1201 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 the applicant.

(NOTE: Registered Agent signature is printed when he is filing)

DATE

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE
TITLE	PCEO	<input checked="" type="checkbox"/>
NAME	BUDDMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	VPR	<input checked="" type="checkbox"/>
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	T	<input checked="" type="checkbox"/>
NAME	HALE, PHILIP R	
STREET ADDRESS	1601 BELVEDERE RD, STE 501 S	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	PRES		
13 STREET	Robert Flanders		
14 CITY-ST	3445 Peachtree Rd. NE Suite 700		
21 TITLE	Atlanta, GA 30326	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET	VST		
24 CITY-ST	Mark Rafuse	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	3445 Peachtree Rd. NE Suite 700		
32 NAME	Atlanta, GA 30326		
33 STREET			
34 CITY-ST		<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400

CR2E034 (1/198)