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FILED

May 16 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 # 560155

(4)

1. Corporation Name
SERVICO MANAGEMENT CORP.

Principal Place of Business

1601 BELVEDERE RD STE 501 S
WEST PALM BCH FL 33406

Mailing Address

1601 BELVEDERE RD STE 501 S
WEST PALM BCH FL 33406-1542



3. Date Incorporated or Qualified
02/20/1978

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

62-0881212

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

9. Name and Address of Current Registered Agent

PALMERIELLO, JOAN
1601 BELVEDERE RD
SUITE 501 S
W PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 of officer, director, or registered agent required when reinstating

Signature of registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PCO ☐ DELETE
NAME BUDDEMEYER, DAVID
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 501 SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE VCFO ☐ DELETE
NAME KNIGHT, WARREN
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 501 SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE VAS ☐ DELETE
NAME RUFFIN, ROBERT
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 501 SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☒ DELETE
NAME ~~MCCAULEY, RONALD E~~
STREET ADDRESS ~~1601 BELVEDERE ROAD, SUITE 501 SOUTH~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33406~~

TITLE TAS ☐ DELETE
NAME HALE, PHILLIP
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 501 SOUTH
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE AS ☐ Change ☒ Addition
1.2 NAME Joan Palmariello
1.3 STREET ADDRESS 1601 Belvedere Road, Suite 501S
1.4 CITY-ST-ZIP West Palm Beach, FL 33406

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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert D. Ruffin, V.P. & Sec. 4/1/97 (561) 689-9970

Date Daytime Phone #

CR2E034 (9/96)