

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
1601 BELVEDERE RD STE 501 S 1601 BELVEDERE RD STE 501 S
WEST PALM BCH FL 33406 WEST PALM BCH FL 33406

FILED
98 APR 30 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/20/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		62-0881212	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PALMERIELLO, JOAN 1601 BELVEDERE RD SUITE 501 S W PALM BEACH FL 33406		81 Name CT Corporation System	
		82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
		83	
		84 City Plantation FL 85 Zip Code 33324	

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 607.0502, Florida Statutes.

SIGNATURE

Carrie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

4/30/98

Signature, typed or printed name of registered agent or officer, if applicable

(NOTE: Registered Agent signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCO BUDEMMEYER, DAVID	1.1 TITLE	V/S
NAME	1601 BELVEDERE ROAD, SUITE 501 SOUTH	1.2 NAME	Charles M. Diaz
STREET ADDRESS	WEST PALM BEACH FL 33406	1.3 STREET ADDRESS	1601 Belvedere Road, Suite 501S
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33406
TITLE	VCFO KNIGHT, WARREN	2.1 TITLE	
NAME	1601 BELVEDERE ROAD, SUITE 501 SOUTH	2.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33406	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VAS RUFFIN, ROBERT	3.1 TITLE	
NAME	1601 BELVEDERE ROAD, SUITE 501 SOUTH	3.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33406	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS PALMARIELLO, JOAN	4.1 TITLE	
NAME	1601 BELEDERE RD, SUITE 501 SOUTH	4.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TAS HALE, PHILLIP	5.1 TITLE	
NAME	1601 BELVEDERE ROAD, SUITE 501 SOUTH	5.2 NAME	
STREET ADDRESS	WEST PALM BEACH FL 33406	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: Charles M. Diaz, V.P. & Secy 4/30/98 561-688-8878

CR2E034 (10/97)