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

F95000003661 (4) DOCUMENT #

SERVICO PENSACOLA 7330, INC.

Principal Place of Business Mailing Address

CITY-ST-ZIP



98 APR 30 PM 1:56

SECRETARY OF STATE



	ere RD., Ste 501 South Beach Fl 33406	WEST PALM BEACH FL 33406										
						DO NOT WRITE IN THIS SPACE						
							 Date Incorporated 07/28/1995 	or Qualified				
2. Principal Pl	ace of Business	2a. Mailing Address	2s. Mailing Address				4. FEI Number			Ar	pplied For	
21		26	26				<u>65-0592815</u>			N	ot Applicable	
Sulte, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Statu	e Desired	П	7	Additional	
22		27	27				5. Certificate of Statu	5 Desired		Fee R	equired	
City & State)	City & State	City & State				6. Election Campaign	Financing	_	\$5.00	May Be	
23		28					Trust Fund Contrib	ution		Added	to Fees	
Zip	Country	Zip	Country			1	8. This corporation of					
24	25 29 30			Personal Property Tax due June 30. 10. Name and Address of New Regis					-			
	9. Name and Address of Cur	rent Registered Agent		221			10. Name and Addres	s of New R	egistered .	Agent		
	LMERIELLO, JOAN			81	Name (CT C	orporation S	vstem				
1601 BELVEDERE RD STE 501S			-	82			s (P.O. Box Number is		able)			
WE	ST PALM BCH FL 33406					<u>1200</u>	South Pine	<u>Island</u>	Road			
				83								
				84	City					85 Zip	Code	
	_					Plan	tation		<u>FL</u>	. ો વ	3324	
11. Pursuant t	o the provisions of Sections 607.6 egistered agent, or both, in the St in familiar with, and accept the ob-	0502 and 607.1508, Florida Statu	tes, the ab	ove	-named	l corpora	ation submits this state	ment for the	purpose of	i changing i	ts registered	
agent. Lar	agi ste red agent, or boin, in the Si m fam iliar with, and accept the ob	ate of Florida Shell challes was aligations of, Section 607 (AM)	E BR	٧A	N	poration	is board of directors. I	nereby acci	aprilic app	OITH LIGHT LIG	rogistores	
	n .	A COPALA		ST	ANT S	SECR	ETARY		4130	198		
CIGITATIONE	Signature, typied or printed feature of registered	1		Ager	n signature	e required v	wher reinstating)		DATE			
12.		AND DIRT CTORS	13.			1 17 / 6	ADDITIONS/CHANG	SES TO OFF	ICERS AND	Change	AS IN 12	
TITLE	PCEO	☐ DELETE	1.1 717			V/S	arles M. Dia	7		Change	Las Addition	
NAME	BUDDEMEYER, DAVID	OTE COL COUTH	1.2 NA				Ol Belvedere		Cuiteo	5010		
STREET ADDRESS	1601 BELVEDERE ROAD,	SIE 501 5001h			ADDRESS		st Palm Beac	-	3340	_		
CITY-ST-ZIP	WEST PALM BEACH FL	T DELETE	1.4 C/T		-ZIP	WE	st raim beac	п, гь	3340	Change	Addition	
TITLE #	V WARDEN	▼ DELETE	2 1 1(1							L change	☐ Xudition	
NAME /	KNIGHT, WARREN	OTE 204 COUTH	2 2 NA				മനവ	nn 29	<u>515</u>	553		
STREE ADDRESS	1601 BELVEDERE ROAD,	SIE 301 3001H	1		address		مسوه فيبها فيبوء	902/67	79 5 0	JT084	-005 T	
CITY-ST-ZIP	WEST PALM BEACH FL	▼ DELETE	2 4 Cl	_	1 - ZIP	₽		**** 1	50.00 -	-**** <u>1</u>	Addition	
TITLE	A Bricen DODECA	LAS DELETE	3.1 TIT							L_J Grange	L. Addition	
NAME	RUFFIN, ROBERT	OTC 504 COUTH	3 2 NA									
STREET ADDRESS	1601 BELVEDERE ROAD,	51E 501 5001H			ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL	TH OCIETY	3.4. CI		T- ZIP	ļ				TT Change	Addition	
TITLE	AS DALLEDIELLO LOAD	X DELETE	4.1 TIT							Change	L_1 Addition	
NAME	PALMERIELLO, JOAN	5040	4. 2 N									
STREET ADDRESS	1601 BELVEDERE RD STE	: 5015			ADDRESS							
CITY-ST-ZIP	WEST PALM BCH FL		4.4 CIT		I - ZIP	ļ				1 0	Talking.	
TITLE	TAS	DELETE	5.1 TIT					<i>(</i>)		☐ Change	Addition	
NAME	HALE, PHILLIP	OTE 504 COUTH	5.2 NA		ĺ		,	a.a	1614	ノ		
STREET ADDRESS	1601 BELVEDERE ROAD,	SIE 501 SOUTH			ADDRESS			Bull	12	(a)		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CIT		I - ZIP	<u> </u>		<u> </u>	11 <i>2M</i>	<u> </u>	· Janes	
TITLE		☐ DELETE	6.1 TIT					7	177	L Change	☐ Addition	
NAME			6.2 NA					•	1 1			
STREET ADDRESS			6.3 \$11	REET	ADDRESS	1						

14. 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 composition 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 1 that ged, or on an attachment with an address. U D C Coo //29/09 561/690-0070

6.4 City - ST- ZIP