

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

APPROVED
AND
FILED

98 APR 30 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004086 (1)

1. Corporation Name

SERVICO LAWRENCE II, INC.



Principal Place of Business

1601 BELVEDERE RD., #5018
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE RD., #5018
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

65-0765601

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

g. Name and Address of Current Registered Agent

CRISALLI, GAIL
1601 BELVEDERE RD., #5018
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

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 approved 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 607.1508, Florida Statutes.

SIGNATURE

Connie Bryan
Signature, typed or printed name of registered agent and, if applicable,

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

4/30/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BUDDMEYER, DAVID
STREET ADDRESS
4370 B WILLOW POND RD.
CITY-ST-ZIP
WEST PALM BEACH FL 33417

TITLE ☒ DELETE

NAME
KNIGHT, WARREN M
STREET ADDRESS
2118 PINEHURST WAY
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE ☒ DELETE

NAME
RUFFIN, ROBERT D
STREET ADDRESS
16205 GLENMOOR DR.
CITY-ST-ZIP
W PALM BEACH FL 33409

TITLE ☐ DELETE

NAME
HALE, PHILLIP R
STREET ADDRESS
242 SUSSEX CIRCLE
CITY-ST-ZIP
JUPITER FL 33458

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME
David Buddemeyer
13 STREET ADDRESS
1601 Belvedere Road, Suite 501S
14 CITY-ST-ZIP
West Palm Beach, FL 33406

2.1 TITLE ☐ Change ☒ Addition

22 NAME
Charles M. Diaz
23 STREET ADDRESS
1601 Belvedere Road, Suite 501S
24 CITY-ST-ZIP
West Palm Beach, FL 33406

3.1 TITLE ☒ Change ☐ Addition

32 NAME
Phillip Hale
33 STREET ADDRESS
1601 Belvedere Road, Suite 501S
34 CITY-ST-ZIP
West Palm Beach, FL 33406

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
500002515565--1
4.3 STREET ADDRESS
-05/07/98--01084--008
4.4 CITY-ST-ZIP
****150.00 ****150.00

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 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 named, or on an attachment with an address.

SIGNATURE

Phillip M. Hale

CP2E034 (10/97)