

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

FILED

98 APR 30 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004088 (7)

1. Corporation Name

SERVICO MANHATTAN II, INC.

Principal Place of Business

Mailing Address

1601 BELVEDERE RD., #501S
WEST PALM BEACH FL 33406

1601 BELVEDERE RD., #501S
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1997

4. FEI Number

65-0765603

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CRISALLI, GAIL
1601 BELVEDERE RD., #501S
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 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Comie Bryan

OFFICIAL ASSISTANT SECRETARY

4/30/98

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE
NAME BUDEMMEYER, DAVID
STREET ADDRESS 4379 B WILLOW POND RD.
CITY-ST-ZIP WEST PALM BEACH FL 33417

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

TITLE VS ☒ DELETE
NAME RUFFIN, ROBERT D
STREET ADDRESS 16205 GLENMOOR DR.
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE TS ☐ 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 300002515533 ☐ Change ☒ Addition
1.2 NAME -05/07/98--01084--021
1.3 STREET ADDRESS ***150.00 ***150.00
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE V/S ☐ Change ☒ Addition
3.2 NAME Charles M. Diaz
3.3 STREET ADDRESS 1601 Belvedere Road, Suite 501S
3.4 CITY-ST-ZIP West Palm Beach, FL 33406

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 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, Jr. 4/28/98 561/688-2222

CR2E034 (1097)