

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000004088

1. Corporation Name

SERVICO MANHATTAN II, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.
22 3445 Peachtree Rd. NE
23 Suite 700
24 Atlanta, GA 30326

2a. Mailing Address

26 Suite, Apt. #, etc.
27 3445 Peachtree Rd. NE
28 Suite 700
29 Atlanta, GA 30326

Country

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 registering)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE VS
NAME DIAZ, CHARLES M
STREET ADDRESS 1601 BELVEDERE RD., #501S
CITY-ST-ZIP WEST PALM BEACH FL 33406
[] DELETE

TITLE TS
NAME HALE, PHILLIP R
STREET ADDRESS 242 SUSSEX CIRCLE
CITY-ST-ZIP JUPITER FL 33458
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[] DELETE

13.

11 TITLE PRES
12 NAME Robert Flanders
13 STREET 3445 Peachtree Rd. NE Suite 700
14 CITY-ST-ZIP Atlanta, GA 30326
21 TITLE
22 NAME VST
23 STREET Mark Rafuse
24 CITY-ST-ZIP 3445 Peachtree Rd. NE Suite 700
31 TITLE Atlanta, GA 30326
32 NAME
33 STREET
34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. ADDITIONAL DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

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FILED

SEP 29 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax

[] Yes [] No

10. Name and Address of New Registered Agent

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400

CR2E034 (11/98)