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

0024571

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
99 APR 29 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005446**

1. Corporation Name
SERVICO HOUSTON, INC.

Principal Place of Business	Mailing Address
1601 BELVEDERE RD. WEST PALM BEACH FL 33406	1601 BELVEDERE RD. WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Sui 3445 Peachtree Rd. NE	26 3445 Peachtree Rd. NE
22 Suite 700	27 Suite 700
23 City Atlanta, GA 30326	28 Atlanta, GA 30326
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified
10/16/1997

4. FEI Number
58-2348780
[ ] 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 r

12. OFFICERS AND DIRECTORS			13.
TITLE	PCEO	[ ] DELETE	11 TITLE
NAME	BUDDEMEYER, DAVID		12 NAME
STREET ADDRESS	1601 BELVEDERE RD., STE 501S		13 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33406		14 CITY-ST-ZIP
TITLE	VS	[ ] DELETE	21 TITLE
NAME	DIAZ, CHARLES M		22 NAME
STREET ADDRESS	1601 BELVEDERE RD., STE 501S		23 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33406		24 CITY-ST-ZIP
TITLE	AST	[ ] DELETE	31 TITLE
NAME	HALE, PHILLIP		32 NAME
STREET ADDRESS	1601 BELVEDERE RD., STE 501S		33 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33406		34 CITY-ST-ZIP
TITLE		[ ] DELETE	41 TITLE
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP
TITLE		[ ] DELETE	51 TITLE
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

ECTORS IN 12
PRES
Robert Flanders
3445 Peachtree Rd. NE Suite 700
Atlanta, GA 30326
ange [ ] Addition

VST
Mark Rafuse
3445 Peachtree Rd. NE Suite 700
Atlanta, GA 30326
nge [ ] Addition

[ ] Change [ ] Addition

400002857794--4
-04/30/99--01034--001
***6150.00 [ ] Change ****150.00 [ ] Addition

[ ] Change [ ] Addition

CR2E034 (11/98)

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: _____ Robert Flanders 4/28/99 (404) 364-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR