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
1601 BELVEDERE RD.
WEST PALM BEACH FL 33406

Mailing Address
1601 BELVEDERE RD.
WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
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

2. Principal Place of Business
21 Suite 3445 Peachtree Rd. NE
22 Suite 700
City Atlanta, GA 30326
23
Zip 24 Country 25

2a. Mailing Address
26 3445 Peachtree Rd. NE
27 Suite 700
Atlanta, GA 30326
28
Zip 29 Country 30

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

TITLE	PCEO	[ ] DELETE
NAME	BUDDEMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE RD., STE 501S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VS	[ ] DELETE
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE RD., STE 501S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	AST	[ ] DELETE
NAME	HALE, PHILLIP	
STREET ADDRESS	1601 BELVEDERE RD., STE 501S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1.1 TITLE	PRES
1.2 NAME	Robert Flanders
1.3 STREET ADDRESS	3445 Peachtree Rd. NE Suite 700
1.4 CITY-ST-ZIP	Atlanta, GA 30326
2.1 TITLE	VST
2.2 NAME	Mark Rafuse
2.3 STREET ADDRESS	3445 Peachtree Rd. NE Suite 700
2.4 CITY-ST-ZIP	Atlanta, GA 30326
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

OFFICERS AND DIRECTORS IN 12
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
[ ] Change [ ] Addition
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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

CR2E034 (11/98)