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

024573

PROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
99 MAR 29 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005451**

1. Corporation Name
SERVICO MARYLAND, INC.

Principal Place of Business	Mailing Address
1601 BELVEDERE RD. SUITE 501S WEST PALM BEACH FL 33406	1601 BELVEDERE RD. SUITE 501S WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/16/1997

4. FEI Number
58-2348773
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	2a. Mailing Address
21 Sui 3445 Peachtree Rd. NE	26 3445 Peachtree Rd. NE
22 Cit Suite 700	27 Suite 700
23 Atlanta, GA 30326	28 Atlanta, GA 30326
24 Zip Country [25]	29 Zip Country [30]

9. Name and Address of Current Registered Agent

CT CORPORTION SYSTEM
1200 SOUTH PINE ISLAND BLVD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changed)

12. OFFICERS AND DIRECTORS		
TITLE	PCEO	[X] DELETE
NAME	BUDDEMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VS	[X] DELETE
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 501 S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	TAS	[X] DELETE
NAME	HALE, PHILLIP	
STREET ADDRESS	1601 BELVEDERE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	AS	[X] DELETE
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
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	
11 TITLE	[X] Change [ ] Addition
12 NAME	
13 STREET ADDR	
14 CITY-ST-ZIP	
21 TITLE	PRES
22 NAME	Robert Flanders
23 STREET ADDRI	3445 Peachtree Rd. NE Suite 700
24 CITY-ST-ZIP	Atlanta, GA 30326 [X] Change [ ] Addition
31 TITLE	VST
32 NAME	Mark Rafuse
33 STREET ADDRE	3445 Peachtree Rd. NE Suite 700
34 CITY-ST-ZIP	Atlanta, GA 30326 [ ] Change [ ] Addition
41 TITLE	[ ] Change [ ] Addition
42 NAME	500002857785--1
43 STREET ADDRESS	-04/30/99--01034--001
44 CITY-ST-ZIP	***6150.00 ****150.00
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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