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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700005498 1. Corporation Name

SERVICO JAMESTOWN, INC.

Suit 700 ChAtlanta, GA 30326 Zip Country Z	Principal Place of Business Mailing Address 1		
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Suite 700 City Atlanta, GA 30326 Atlanta, GA 30326 Atlanta, GA 30326 Zip Country Zip Country Zip Country Zip Country Signor and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of Sections 687 0502 and 607 1508, Florida Statutes, the above named corporation was the current for the purpose of changing its registered office or registered agent or both in the State of Florida Such change was authorized by Pur corporation's board of directors. Underly arrept the approximent as registered agent or both in the State of Florida Such change was authorized by Pur corporation's board of directors. Underly arrept the approximent as registered agent or both in the State of Florida Statutes. SIGNATURE Signature bytes or present name of registeria agent lain approximent as registered agent or both in the State of Florida Statutes. PINE NAME SIGNATURE Signature place or present name of registeria agent lain. Paginically PINE NAME SIRRET ADDRESS OTY: ST. 2P VIS. TIME NAME SIRRET ADDRESS OTY: ST. 2P VIS. TIME NAME SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 21 NME SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PALM BEACH FL 33406 VST 31 SIRRET ADDRESS 1601 BELYEDERE RD. SUITE 501-S WEST PAL	1 144.3 [Cacimico 100.1.2.	■ ■ Corbicate of Status Decired 1.1	
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 83 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 84 City FL 85 Street Address (P.O. Box Number is Not Acceptable) FL 85 Street Address (P.O. Box Number is Not Acceptable) FL 85 City FL 86 City FL 87 City FL 88 City FL	hand the second of the second		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 183 Street Address (P.O. Box Number is Not Acceptable) 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 agent, or both, in the State of Florida Such change was authorized by the corporation's broad of directors. I hereby accept the appointment as registered agent and familiar with and accept the obligations of Section 607 0505, Florida Statutes. SIGNATURE Signature typed or printed name of migrative deginal and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax's applicable. POED SIGNATURE Signature typed or printed name of migrative agent and tax'	<u>kan kanananan ang kanananan ang kanananan ang kanananan ang kananan ang kananan ang kananan ang kananan ang ka</u>	t cross and reporty real	
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11. Pursuant to the provisions of Sections 667.0502 and 607.1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its 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 agent and title if applicable PNOTE Registered Agent suptaines POTE POTE	1200 SOUTH PINE ISLAND ROAD 82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
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14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes 3 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 trusted 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

61 TILLE

6.2 NAME

6.3 \$1REET ADDRESS

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