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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000052746 (3)

SERVICO SILVER SPRING, INC.



98 APR 30 PM 2: 11,

SECRETARY OF STATE TALLAHASSEE, FLORIDA



									AIR BIII IRRI
Principal Place of Business Mailing Address						s tombilents sim idina state mates mates	92111 99181 3111	. 11914 48911 911	) (U D) (1 1 0 0 1
1601 BELVEDI WEST PALM	ere RD. Beach Fl 33406	1601 BELVEDERE RD. WEST PALM BEACH FL 33406							
TIEST THEM DESIGNATE STORE					DO NOT WRITE IN THIS SPACE				
					3.	Date Incorporated or Qualified	1		
		1				07/28/1993			
<b>-</b>	ace of Business	2a. Mailing Address			4.	FEI Number		<del> </del>	oplied For
Suite, Apt. 4	4 ata	Suite, Apt. #, etc.				65-0432696	_	<del></del>	ot Applicable
<del></del>		h	·¬			Certificate of Status Desired		\$8.75	
22 Su1 City & State	te 501S	27   Suite 501S   City & State			Fee Required				
23		28			b.	Election Campaign Financing Trust Fund Contribution	П	\$5.00 Added 1	
Zip	Country	Zip Country				This corporation owes or has	naid the curr		
24	25	29 3	0		"	Personal Property Tax due Ju	-	- ' -	No K
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New I	Registered A	\gent	
PAL	LMAREILLO, JOAN		81	Name	OT C	ownometter Corte			
1601 <b>BE</b> LVEDERE RD			82	Street A	CT Corporation System  1 Address (P.O. Box Number is Not Acceptable)				
STE 501, SOUTH					1200 South Pine Island Road				
WEST PALM BCH FL 33406									
			84	City	Plant	ation	FL		Code 324
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statules, 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 (Region Later CA).									
SIGNATURE Signature, typed or period name of registered agout and to: Applicable (NOTE: Registered Agout signature required when reinstating)  OATE  OATE  OATE  OATE  OATE  OATE									
12.	OFFICERS AND	<del></del>	13.			ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	IS IN 12
TITLE	D	□ D€L <b>ÉTE</b>	1.1 TITLE		P/CEC			Change	Addition
NAME	BUDDEMEYER, DAVID		1.2 NAME		David Buddemeyer, President				
STREET ADDRESS	1601 BELVEDERE RD.		1.3 STREET			Belvedere Road,		501S	
CITY-ST-ZIP	W. PALM BCH. FL 33406	****	1.4 CITY-5	T-ZIP		Palm Beach, FL	33406		
TITLE	VS	DELETE	2.1 TITLE		V/S			Change	Addition
NAME	RUFFIN, ROBERT D.	^	2.2 NAME		LNATI	Charles M. Diaz, 1601 Belvedere Road, Suite 501S			1
STREET ADDRESS	1601 BELVEDERE RD STE 501 WPB FL	8	2.3 STREET					0118	
CITY-ST-ZIP	ALD LT	DELETE	2. 4 CITY-	ST-ZIP		rain beach, FL	33406	Change	Tar Addition
TITLE NAME		[_] DELETE	3.1 THLE		T/AS	d= 17-1-		Change	∡ Addition
STREAT ADDRESS			3.2 NAME			ip Hale			
CITY-ST-ZIP			3.3 STREE1 3.4. CITY - :		1601 Belvedere Road, Suite 501S West Palm Beach, FL 33406				
TINE		DELETE	4.1 TillE	51-ZIP	west		33406	Change	Addition
NAME			4. 2 NAME			2000002		562	
STREET ADORESS			4.3 STREET	ADDRESS			7/980	1084	<del>0</del> 07
CITY-ST-ZIP			4.4 CITY - S			<b>乔米米米</b> _	50.00		İ
TITLE		DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME	-		. 1	4112	-	
STREET ADDRESS			5.3 STREET	ADDRESS		a. af	w		
CITY-ST-ZIP			5.4 CITY- S			U A	20/10		
TITLE		DELETE	6.1 TITLE				<i>30148</i> 7	Change	Addition
NAME			6.2 NAME			4	<i>[                                    </i>		
STREET ADDRESS			6.3 STREET	ADDRESS		l l			
CITY-ST-ZIP			64 CITY - S	1-ZIP					

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 suppliemental 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 13 if changed, or of an attachment with an address.

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CR2E034 (10/97