

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P93000052746**

1. Corporation Name

SERVICO SILVER SPRING, INC.

Principal Place of Business

~~1601 BELVEDERE RD.
SUITE 501 S
WEST PALM BEACH FL 33406~~

Mailing Address

~~1601 BELVEDERE RD.
SUITE 501 S
WEST PALM BEACH FL 33406~~

2. Principal Place of Business

21 Suit **3445 Peachtree Rd. NE**
22 Suite **700**
23 City **Atlanta, GA 30326**

24 Zip Country

2a. Mailing Address

26 **3445 Peachtree Rd. NE**
27 Suite **700**
28 Atlanta, **GA 30326**

29 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 Agents must report when their term expires)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CEO** ☒ DELETE

NAME **BUDEMMEYER, DAVID**

STREET ADDRESS **1601 BELVEDERE RD.**

CITY-ST-ZIP **W. PALM BCH. FL 33406**

TITLE **VS** ☒ DELETE

NAME **DIAZ, CHARLES M**

STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 501 S**

CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **TAS** ☒ DELETE

NAME **HALE, PHILLIP**

STREET ADDRESS **1601 BELVEDERE ROAD, SUITE 501 S**

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

12 NAME **PRES**

13 STREET ADDRESS **Robert Flanders**

14 CITY-ST-ZIP **3445 Peachtree Rd. NE Suite 700**

21 TITLE **Atlanta, GA 30326**

22 NAME

23 STREET

24 CITY-S

31 TITLE **VST**

32 NAME **Mark Rafuse**

33 STREET **3445 Peachtree Rd. NE Suite 700**

34 CITY-S **Atlanta, GA 30326**

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1993

4. FEI Number

65-0432696

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

10. Name and Address of New Registered Agent

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400

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



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CR2E034 (11/98)