

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000034720 (0)

Corporation Name
SERVICO HOSPITALITY, INC.

Principal Place of Business
1601 BELVEDERE ROAD
WEST PALM BEACH FL 33406

Mailing Address
1601 BELVEDERE ROAD
WEST PALM BEACH FL 33406-1541



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/09/1994		3a. Date of Last Report 04/17/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0494225		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

~~CT CORPORATION SYSTEM~~
~~1200 SOUTH PINE ISLAND RD.~~
~~PLANTATION FL 33324~~

10. Name and Address of New Registered Agent
81 Name Joan Palmariello
82 Street Address (P.O. Box Number is Not Acceptable)
1601 Belvedere Road, Suite 501s
83
84 City West Palm Beach FL 85 Zip Code 33406

11. Pursuant to the provisions of Sections 607.0502 and 607.1408, 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 *Joan Palmariello*
Signature of the person who printed name of registered agent and title if applicable.

Joan Palmariello, Asst. Sec.

2/13/97
Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUDDMEYER, DAVID	1.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD. STE. 501 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUFFIN, ROBERT	2.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD. STE. 501 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	2.4 CITY-ST-ZIP	
TITLE	TAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALE, PHILLIP	3.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD. STE. 501 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	3.4 CITY-ST-ZIP	
TITLE	G	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARBALLO, LAWRENCE	4.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD. STE. 501 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMARIELLO, JOAN	5.2 NAME	
STREET ADDRESS	1601 BELVEDER RD. STE. 501 SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Robert D. Ruffin* Robert D. Ruffin, V.P. & Sec. 4/1/97 (561) 689-9970
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)