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FILED

Apr 09 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 # P94000066424 (0)

1. Corporation Name

SERVICO FORT WAYNE II, INC.



Principal Place of Business

1601 BELVEDERE RD.  
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE RD.  
WEST PALM BEACH FL 33406-1541

3. Date Incorporated or Qualified

09/09/1994

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

4. FEI Number

65-0516386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

OT 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 607.1508, 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 of person or persons of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Joan Palmariello, Asst. Sec.

2/13/97

12. OFFICERS AND DIRECTORS

TITLE

CEO

☐ DELETE

NAME

BUDDMEYER, DAVID E

STREET ADDRESS

1601 BELVEDERE RD. 501S

CITY-ST-ZIP

WEST PALM BEACH FL 33406

TITLE

TAS

☐ DELETE

NAME

HALE, PHILLIP

STREET ADDRESS

1601 BELVEDERE RD. 501S

CITY-ST-ZIP

W. PALM BCH 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

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

AS

☐ Change

☒ Addition

1.2 NAME

Joan Palmariello

1.3 STREET ADDRESS

1601 Belvedere Road, Suite 501S

1.4 CITY-ST-ZIP

West Palm BEach, FL 33406

2.1 TITLE

VS

☐ Change

☒ Addition

2.2 NAME

Robert D. Ruffin

2.3 STREET ADDRESS

1601 Belvedere Road, Suite 501S

2.4 CITY-ST-ZIP

West Palm Beach, FL 33406

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, V.P. & Sec.

Date

Daytime Phone #

0296851