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

FILED
98 APR 30 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000066424 (0)

1. Corporation Name
SERVICO FORT WAYNE II, INC.

Principal Place of Business	Mailing Address
1601 BELVEDERE RD. SUITE 501S WEST PALM BEACH FL 33406	1601 BELVEDERE RD. SUITE 501S WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/09/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / 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 Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PALMARIELLO, JOAN
1601 BELVEDERE RD STE 501S
WPB FL 33406

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY DATE: 4/30/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	P/CEO/D	☒ Change ☐ Addition
NAME	BUDDEMEYER, DAVID E		1.2 NAME	David Buddemeyer	
STREET ADDRESS	1601 BELVEDERE RD. 501S		1.3 STREET ADDRESS	1601 Belvedere Road, Suite 501S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		1.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	TAS	☐ DELETE	2.1 TITLE	V/S/D	☐ Change ☒ Addition
NAME	HALE, PHILLIP		2.2 NAME	Charles M. Diaz	
STREET ADDRESS	1601 BELVEDERE RD. 501S		2.3 STREET ADDRESS	1601 Belvedere Road, Suite 501S	
CITY-ST-ZIP	W. PALM BCH FL 33406		2.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
TITLE	AS	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	PALMARIELLO, JOAN		3.2 NAME	Carl E.B. McKenry	
STREET ADDRESS	1601 BELVEDERE RD STE 501S		3.3 STREET ADDRESS	8605 SW 74 Terrace	
CITY-ST-ZIP	WPB FL		3.4 CITY-ST-ZIP	Miami, FL 33143	
TITLE	VSD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUFFIN, ROBERT D.		4.2 NAME	600002515798--5	
STREET ADDRESS	1601 BELVEDERE RD STE 501S		4.3 STREET ADDRESS	-05/07/98--01097--016	
CITY-ST-ZIP	WPB FL		4.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ELSON, CHARLES M		5.2 NAME		
STREET ADDRESS	1401 61ST STREET SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: