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

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

DOCUMENT # **P94000066424**

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

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 the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 S 22 C 23	26 27 3445 Peachtree Rd. NE Suite 700 Atlanta, GA 30326 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when changing) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		
TITLE	PCEO	[X] DELETE
NAME	BUDDEMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE RD., SUITE 501S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	TAS	[X] DELETE
NAME	HALE, PHILLIP	
STREET ADDRESS	1601 BELVEDERE RD. 501S	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	[X] DELETE
NAME	MCKENRY, CARL E.B.	
STREET ADDRESS	8605 SW 74 TERRACE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VSD	[X] DELETE
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE RD., SUITE 501S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
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		[X] Change [ ] Addition
1.2 NAME	PRES	
1.3 STREET ADDR	Robert Flanders	
1.4 CITY-ST-ZIP	3445 Peachtree Rd. NE Suite 700	
2.1 TITLE	Atlanta, GA 30326	[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADD	VST	
2.4 CITY-ST-ZIP	Mark Rafuse	
3.1 TITLE	3445 Peachtree Rd. NE Suite 700	[ ] Change [ ] Addition
3.2 NAME	Atlanta, GA 30326	
3.3 STREET ADDR		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME	800002857788--2	
4.3 STREET ADDRESS	-04/30/99--01034--001	
4.4 CITY-ST-ZIP	***6150.00 ****150.00	
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 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: _____ Robert Flanders 4/28/99 (404) 364-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

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