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 # P94000082344

SERVICO HOTELS II, INC.

Principal Plac	ce of Ausiness	Mailing Address	•		10101 10110 11000 11111 01011 B101 1001
1601 BENVEDERE RD.		1601 RELVEDERE RD			
SUITE SOIS		SUITE 5045			
WEST PALM BEACH FL 33406		WEST PALIN BEACH FL 33406		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
				11/09/1994	
2 Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0535344	Not Applicable
Si 3445 Peachtree Rd. NE		3445 Peachtree Rd. NE		1	\$8.75 Additional
22 Suite 700		Suite 700		5. Certificate of Status Desired []	Fee Required
C Atlanta, GA 30326		Atlanta, GA 30326		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip Country		Zip Country		8. This corporation owes the current year	
24	25		o <u>.</u>	Personal Property Tax	[Yes [No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	red Agent
CT (CORPORATION SYSTEM				
1200	D SOUTH PINE ISLAND ROAD		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324		83		
\$					1 1
			84 City	F	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the above named corp	oration submits this statement for the purpose	e of changing its registered
office or agent 1 a	registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Floric	horized by the corporational Statutes	on's board of directors. Thereby accept the ap	ipointment as registered
SIGNATURE					
	Signature, typed or printed name of registered agent		ejsteted Ajest siji di e-regi ie ■		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 FH Change [1] Addition
NAME	BUDDEMEYER, DAVID E	Elbecele	11THE 112 NAME PRES		CD Change L J Associati
STREET ADDRESS	1601 BELVEDERE RD. 501S		12 NAME PRES 13 STREET AT Robert	T21 1	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		MACHE EL Z 3445 DA	rianders eachtree Rd. NE Suite 700	
TITLE	VS VS	DELETE	21 Title Atlanta	GA 30326	[* Change [Addition
NAME	DIAZ, CHARLES M		22 NAME	, OA 30320	,
STREET ADDRESS	1601 BELVEDERE RD. 501S		2.3 STREET ADDI		
CITY-ST-ZIP	W. PALM BCH FL 33406		2 4 CITY-ST-ZIP VST	7 . 0	
TITLE	TAS	DELETE	31 Tille	Rafuse	Change Addition
NAME	HALE, PHILLIP		3.2 NAME	Peachtree Rd, NE Suite 700	
STREET ADDRESS			33 STREET ADDI ATTAIN	ta, GA 30326	
CITY-ST-ZIP	W/PALM BCR*FL 33406		34. CITY-ST-ZIP		
TITLE		["] DELETE	41 TITLE		[] Change [] Addition
NAME			4 2 NAME	المائل والمتال والمتال والمدي والمدي والمنال والمدي والمدي	- അനുക്ഷ പ
STREET ADDRESS	}		4.3 STREET ADDRESS	40000285) [[[[[]]]]]
CITY-ST-ZIP		Ciprore	44 City S1 76		01034001
TITLE		[DELETE	5 1 TITLE 5 2 NAME	***E15U_0	(II) [*****150]400°
NAME			5.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			54 CITY ST ZIP		[Charige
TITLE		[] DECCE	6.2 NAME		f Lourside - F Lettougus
NAME CEREST ADDRESS			6 TISTREET ADDRESS		\sim
STREET ADDRESS	i		O COUNTRY MARKET SO		43

6.4 C(1Y+S1+2(F)

4. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida Statutes, 1 further certify that the information this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am ail 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 13 if changed, or on an attachment with an address, with all other like empowered. Robert Flanders 4/28/99 (404) 364-9400

SIGNATURE:

FILED

9" MR 29 M 9: 30

SECRETARY OF STATE TALLAMASSEE, FLORIDA