

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

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
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DOCUMENT # **P94000082571 (8)**

1. Corporation Name
SERVICO HOTELS III, INC.

Principal Place of Business
**1601 BELVEDERE RD.
WEST PALM BEACH FL 33406**

Mailing Address
**1601 BELVEDERE RD.
WEST PALM BEACH FL 33406-1541**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1994		3a. Date of Last Report 04/29/1996	
21		26		4. FEI Number 65-0535344		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
23		28		24		25	
Zip		Country		Zip		Country	
24		25		29		30	

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 **33460**

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



Joan Palmariello, Asst. Sec.

2/13/97

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

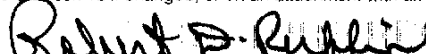
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	VS
NAME	BUDEMMEYER, DAVID	1.2 NAME	Robert D. Ruffin
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	2.1 TITLE	AS
NAME	HALE, PHILLIP	2.2 NAME	Joan Palmariello
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		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, V.P. & Sec.

Date

Daytime Phone #

0298885

CR2E034 (9/96)