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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000082571 (8)

SERVICO HOTELS III, INC.



98 APR 30 PM 1:45

SECRETARY OF STATE TALLAHASSEE, FLORIUM



| _   |   |  |  |                |   |   |            |                           |                                |       |
|---|---|--|--|----------------|---|---|------------|---------------------------|--------------------------------|-------|
| Principal Place of Business Mailing Address |   |  |  |                |   | ı ikkilâbi ile ikili âlklı kalıl delil a  |            |                           | )                              |       |
| 1801 BELVED<br>WEST PALM                    | DERE RD.<br>Beach FL 33406  | 1601 BELVEDERE RD.<br>WEST PALM BEACH FL 3                     | 1601 BELVEDERE RD.<br>WEST PALM BEACH FL 33406 |                |   | DO NOT WRITE IN THIS SPACE  |            |                           |                                |       |
|   |   |  |  |                | }   | 3. Date Incorporated or Qualified 11/10/1994                                    |            |                           |                                |       |
| 2. Principal P                              | Place of Business   | 2a. Mailing Address  | Mailing Address                                |                |   |   |            |                           | Applied For                    | 1     |
| 21  |   | 26   |  |                |   | 65- <b>05</b> 35344   |            |                           | ot Applicable                  | ]     |
| Suite, Apt. #, etc.  Suite 501S             |   | Suite, Apt. #, etc. 27 Suite                                   |  |                |   | 5. Certificate of Status Desired  |            |                           | Additional<br>Required         |       |
| City & State                                |   | City & State   | <del>""</del> ]                                |                |   | 6. Election Campaign Financing<br>Trust Fund Contribution                       |            |                           | May Be                         | ]     |
| Zip   | Country   | Zip  | Cou  | ntry           |   | 8. This corporation owes or has pa  | aid the cu | rrent year Ir             | ntangible                      | 1     |
| 24  | 25  | 29   |  |                |   | Personal Property Tax due June 30. 🔲 Yes 💢 No                                   |            |                           |                                |       |
|   | 9. Name and Address of Current  | Registered Agent   |  |                |   | 10. Name and Address of New Re  | gistered   | Agent                     |                                | 1     |
|   | ILMARIELLO, JOAN  |  |  | B1 Name        |   | orporation System   |            |                           |                                |       |
| 1601 BELVEDERE RD STE 501S                  |   |  |  | 82 Street      | treet Address (P.O. Box Number is Not Acceptable) |   |            |                           |                                | 1     |
| WF  | PB FL 33406   |  |  |                | 1200  | South Pine Island   | Road       |                           |                                | 1     |
|   |   |  |  | 83             |   |   |            |                           |                                | 1     |
|   |   |  |  | 84 City        |   |   |            | <b>85</b> Zip             | Code                           | 1     |
|   |   |  | - 411  |                | Plan  | tation  | FL         | 33                        | 3324                           | 4     |
| 11. Pursuant<br>office or r                 | to the provisions of Sections 607.0502<br>registered agent, or both, in the State c<br>im familiar with, and accept the obligat | and 607.1508, Florida Statute<br>of Florida: Such change was a | es, the at                                     | ove-namec      | rporation   | ation submits this statement for the p<br>i's board of directors. I hereby acce | pt the app | n changing<br>pointment a | is registered<br>is registered | 1     |
| agent.la                                    | im familiar with, and accept the obligat  | ions of, Section 697.0603) No<br>SPECIAL                       | MCBbil   | HOTANY         | OP/AD   | ETA DA  |            |                           |                                |       |
| SIGNATURE                                   | Signature, typed or printed against oil registered against  |  |  |                |   | ETARY when reinstating)   | DATE       | 130 198                   | <b>.</b>                       |       |
| 12.   | OFFICERS AND  |  | 13.  |                |   | ADDITIONS/CHANGES TO OFFIC  | CERS ANI   | D DIRECTO                 | RS IN 12                       | Į ģ   |
| TITLE                                       | PCEO  | ☐ DELET <b>e</b>   | 1.1 10   | TLE            | V/S   |   |            | Change                    | Addition                       | 10/01 |
| NAME  | <b>BUDDEMEYER</b> , DAVID   |  | 1.2 N  | ME             |   | rles M. Diaz,   |            |                           |                                | 됞     |
| STREET ADORESS                              | 1601 BELVEDERE RD. 501  | =  | 1.3 ST   | REET ADDRESS   | 160   | l Belvedere Road, S   | uite       | 501S                      |                                | F034  |
| CITY-ST-ZIP                                 | WEST PALM BEACH FL 33406  |  |  | TY-ST-ZIP      | Wes   | t Palm Beach, FL 3  | 3406       |                           |                                | 78    |
| TITLE                                       | TAS   | L DELETE   | 2.1 10   |                |   |   |            | L Change                  |                                | ١     |
| NAME  | HALE, PHILLIP   |  | 2.2 N/   | <del>-</del>   |   | 900002 <u>9</u><br>-0\$/07  | $_{0}$ 15  | 545                       | )1<br>1                        |       |
| STREET ADDRESS                              | 1601 BELVEDERE RD. 501S<br>W PALM BCH FL 33406  |  | 1  | REET ADORESS   | 1   | ****15  |            |                           | -005<br>150.00                 | 1     |
| CITY ST-ZIP                                 | AS  | <b>™</b> DELETE  | 2. 4 C   | ITY-\$T-ZIP    | <del> </del> -                                    | कार कर 1 €  | 0.00       | Change                    |                                | ┪     |
| NAME  | PALMARIELLO, JOAN   | D bittie   | 3.1 H  |                |   |   |            | C. Onlange                |                                | 1     |
| STREET ADDRESS                              | 1601 BELVEDERE RD STE 501   | IS   |  | REFT ADDRESS   |   |   |            |                           |                                |       |
| CITY-ST-ZIP                                 | WPB FL  | · <del>-</del>   |  | TY-ST-ZIP      |   |   |            |                           |                                |       |
| TALE  | VS  | <b>▼</b> DELETE  | 4.1 TI   |                | <del> </del>                                      |   |            | Change                    | Addition                       | 1     |
| NAME  | RUFFIN, ROBERT D.   |  | 4.2 N  | AME            |   |   |            |                           |                                |       |
| STREET ADDRESS                              | 1601 BELVEDERE RD STE 501   | I\$  | 4.3 S1   | REE1 ADDRESS   |   |   |            |                           |                                |       |
| CITY-ST-ZIP                                 | WPB FL  |  | 4.4 CI   | TY - \$1 - ZIP | <u> </u>  |   |            | )                         | ····                           | _     |
| TITLE                                       |   | DELETE   | 5.1 TI   | TLE            |   | Λ   | -110       | Change                    | Addition                       |       |
| NAME  |   |  | 5 2 N  |                |   | /1  | Mr         | -100                      |                                |       |
| STREET ADDRESS                              |   |  |  | reet address   |   | $\mathcal{U}$   | '1112      |                           |                                |       |
| CITY-ST-ZIP                                 |   | DELETE   |  | TY-ST-ZIP      | <del> </del>                                      |   | 417        | The Charge                | A a atili e e                  | 4     |
| TITLE                                       |   | ☐ DELETE   | 6.1 Tr   |                |   |   | Į          | L' Change                 | L Addition                     |       |
| NAME<br>OTREET LOODESS                      |   |  | 6.2 N/   |                |   |   |            |                           |                                |       |
| STREET ADDRESS                              |   |  | 6.3 \$1  | REET ADDRESS   |   |   |            |                           |                                | 1     |

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 suppliemental 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 of 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 attachmont with an address.

Chamles W Dies W D C Co. //20/00 E41/600 0070