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

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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 29 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000031880**

1. Corporation Name
SERVICO WORCESTER, INC.

Principal Place of Business
1601 BELVEDERE ROAD
SUITE 501 S
W. PALM BEACH FL 33406

Mailing Address
1601 BELVEDERE ROAD
SUITE 501 S
W. PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Sui 3445 Peachtree Rd. NE
22
Suite 700
Cit Atlanta, GA 30326
23
Zip 24 Country 25

2a. Mailing Address
26
3445 Peachtree Rd. NE
27
Suite 700
Atlanta, GA 30326
28
Zip 29 Country 30

3. Date Incorporated or Qualified
04/24/1995

4. FEI Number
65-0576169
[ ] 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Required if Agent is appointing new registered agent)

12. OFFICERS AND DIRECTORS		
TITLE	PSEO	[X] DELETE
NAME	BUDDEMEYER, DAVID	
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 501 S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	VS	[X] DELETE
NAME	DIAZ, CHARLES M	
STREET ADDRESS	1601 BELVEDERE ROAD, SUITE 501-S	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	TAS	[X] DELETE
NAME	HALE, PHILLIP R.	
STREET ADDRESS	1601 BELVEDERE RD STE 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		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PRES	[X] Change [ ] Addition
12 NAME	Robert Flanders	
13 STREET ADDRESS	3445 Peachtree Rd. NE Suite 700	
14 CITY-ST-ZIP	Atlanta, GA 30326	
21 TITLE	VST	[X] Change [ ] Addition
22 NAME	Mark Rafuse	
23 STREET ADDRESS	3445 Peachtree Rd. NE Suite 700	
24 CITY-ST-ZIP	Atlanta, GA 30326	
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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