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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000102808

1. Corporation Name

SERVICO ACQUISITION CORP.

Principal Place of Business

1601 BELVEDERE ROAD #501S
WEST PALM BEACH FL 33406

Mailing Address

1601 BELVEDERE ROAD #501S
WEST PALM BEACH FL 33406

2. Principal Place of Business

21 St 3445 Peachtree Rd. NE
22 Suite 700
23 Ci Atlanta, GA 30326
24 Zip Country

2a. Mailing Address

26 3445 Peachtree Rd. NE
27 Suite 700
28 Atlanta, GA 30326
29 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent)

12. OFFICERS AND DIRECTORS

TITLE CEO
NAME BUDDMEYER, DAVID
STREET ADDRESS 1601 BELVEDERE ROAD #501S
CITY-ST-ZIP WEST PALM BEACH FL 33406

☒ DELETE

TITLE VPAS
NAME DIAZ, CHARLES M
STREET ADDRESS 1601 BELVEDERE ROAD #501S
CITY-ST-ZIP WEST PALM BEACH FL 33406

☒ DELETE

TITLE TAS
NAME HALE, PHILLIP
STREET ADDRESS 1601 BELVEDERE ROAD #501S
CITY-ST-ZIP WEST PALM BEACH FL 33406

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

11 TITLE PRES
12 NAME Robert Flanders
13 STREET 3445 Peachtree Rd. NE Suite 700
14 CITY-ST Atlanta, GA 30326

21 TITLE VST
22 NAME Mark Rafuse
23 STREET 3445 Peachtree Rd. NE Suite 700
24 CITY-ST Atlanta, GA 30326

31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

NO DIRECTORS IN 12

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***\$150.00 ***\$150.00

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 empower

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Flanders 4/28/99 (404) 364-9400

CR2E034 (11/98)