## 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 # P97000102808

1. Corporation Name

SERVICO ACQUISITION CORP.

Principal Place	e of Business	Mailing Addres	5 <b>/</b>	
	RE_ROAD #501S	1601 BELVEDER	É ROAD #501S	
WEST PALM B	PACH FL<33466	WEST PALM BE	ACH FL 33406	
				3. Date In
		,		] •••
		12 44 5 47		12/05
2. Principal P	lace of Business	2a. Marting Add	iress	4. FEI Nu
21	4	26		65-07
St 3445	Peachtree Rd. NE	3445 Pea	chtree Rd. NE	F C
22 Suite		[27] Suite 700	)	5, Gertifo
	a, GA 30326	Atlanta. (	GA 30326	6. Electio
23	u, GN 30320	28		Trust F
Zip	Country	Zip	Country	8. This co
├ŋ '	E"i '	1 1	r ,	Person
24	25	[29]	[30]	,
	9. Name and Address of Cur	rent Registered Agent	1 1	10. Name
CT	CODDODATION EVETEN		81	Name
	CORPORATION SYSTEM		82	Street Address (P.O. Box
	SOUTH PINE ISLAND ROAD		••	oned radiess (r.e. tres
PLA	NTATION FL 33324		83	
1			84	City

FILED (3 MR 29 M 9: 28 SECLETARY OF STATE TALLAHASSEE, FLORIDA



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٠.	65-0798740		Applied Fi	
5.	Certificate of Status Desired	[.]	\$8.75 Addition Fee Required	
6.	Election Campaign Financing Trust Fund Contribution	[]	\$5.00 May Be Added to Fees	
8.	This corporation owes the com- Personal Property Tax.	ent year	Intangible []Yes []No	
10.	Name and Address of New R	tegistere	ed Agent	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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. Thereby 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 Re	systemed Agent *
12.	OFFICERS AND DIRECTORS		13.
TITLE	PSEO	LA DELETE	1.1 HILE PRES
NAME	BUDDEMEYER_DAVID		12 NAME Robert I
STREET ADDRESS	1601 BELYSOERE ROAD #501S		13 STREET 3445 Pe
CITY-ST-ZIP	WEST PALM BEACH FL 33406	/	14 CITY-ST Atlanta,
TITLE	APAS	DELETE :	21 TITLE
NAME	DIAZ, GHARLES M		22 NAME VST
STREET ADDRESS	1601 BELYEDERE ROAD #501S		23 STREET Mark R
CITY-ST-ZIP	WEST PALM BEACH FL 33406		2 4 CITY S1 3445 Pc
TITLE	TAS	DELETE	31 TITLE Atlanta
NAME	HALE, PHILLIP		3.2 NAME
STREET ADDRESS	1601 BEDVEDERE ROAD #501S		3.3 STREET ADDRESS
CITY-ST-ZIP	WEST PALM BEACH FL 33406		34 CiTY-ST-ZiP
TITLE		[   DELETE	4.1 TiTuE
NAME			4 2 NAME
STREET ADDRESS			43 STREET ADORESS
CITY-ST-ZIP			4.4 CitY-\$1-ZiF
TITLE		[ ] DELFTE	5 1 THE
NAME			5.2 NAME
\$TREET ADDRESS			59 STREET ADDRESS
CITY-ST-ZP			54 C/1Y-ST-ZiP
TITLE		[ ] DELETE	6 t TITLE
NAME			6.2 NAME
STREET ADDRESS			63 STREET ADDRESS

ND DIRECTORS IN 12 Addition Change

landers achtree Rd. NE Suite 700 GA 30326

afuse

achtree Rd. NE Suite 700

GA 30326

[ ] Change [ ] Addition 200002857792--0

-04/30/99--01034--001 \*\*\*6150.00 \*\*\*\*150.00 [] Change [] Addition

[ | Change

[ ] Change

[ ] Addition

14. Thereby 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 that in Section 119 07(3)(ii). Florida Statutes: I further certify that the information that it is annual report or supplemental annual report is true and accurate and that my signature shall have the same keyld effect as if made under oath, that I am all officer or director of the corporation or the receiver or trustee employed 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 employer.

SIGNATURE:

Robert Flanders 4/28/99

(404) 364-9400

☐ Addition

[ ] Addition