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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V39942** (0)

1. Corporation Name
SERVICO OPERATIONS CORPORATION

Principal Place of Business 1601 BELVEDERE RD. SUITE 501 S. W. PALM BEACH FL 33406 US	Mailing Address 1601 BELVEDERE RD. SUITE 501 S. W. PALM BEACH FL 33406 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0387728		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent PALMARIELLO, JOAN 1200 SOUTH PINE ISLAND RD. WEST PALM BEACH FL 3346				10. Name and Address of New Registered Agent			
				81 Name CT Corporation System			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
				83			
				84 City Plantation FL 85 Zip Code 33324			

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 submitted to the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.1508, Florida Statutes.

SIGNATURE *Connie Bryan* **CONNIE BRYAN** SPECIAL ASSISTANT SECRETARY DATE **4/30/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCO	<input type="checkbox"/> DELETE		1.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BUDEMMEYER, DAVID			1.2 NAME	Charles M. Diaz		
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH			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	VCFO	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KNIGHT, WARREN			2.2 NAME			
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33406			2.4 CITY-ST-ZIP			
TITLE	VAS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUFFIN, ROBERT			3.2 NAME			
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33406			3.4 CITY-ST-ZIP			
TITLE	TAS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HALE, PHILIP R.			4.2 NAME			
STREET ADDRESS	1601 BELVEDERE RD, SUITE 501 S.			4.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMARIELLO, JOAN			5.2 NAME			
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Charles M. Diaz* , Charles M. Diaz, V.P. & Sec., 4/28/98 561/689-9970

CR2E034 (10/97)