FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

(8)

FILED

Secretary of State

Apr 17 1996 8:00 am

SERVICO), INC.						_ 		
Principal Place of		1	iling Address 601 BELVEDERE RD.						
SUITE 501 S. W. PALM BEACH FL 33406 US		1	SUITE 501 S. W. Palm Beach Fl 33406 Us			Date Incorporated or Qualified 06/01/1992		ate of Last Report 02/27/1995	
2. Principal Plac	e of Business	—₁	Mailing Address				4. FEI Number 65-0350241		Applied For Not Applicab
1	ata	26	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional
Suite, Apt. #,	ett.	27							Fee Required
City & State			Oity & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	28	7ip	⊢ ₁	untry		8. This corporation has liability for	intangible	e tax under s 199.032,
4	25	29	tored Agent	30	Τ		10. Name and Address of New		d Agent
	9. Name and Address of Curren	t Hegis	tered Agent	·	81	Name			
5414454	ELLO JOAN				00		ress (P.O. Box Number is Not Accepta	ble	
1201 PEI	PALMARIELLO, JOAN 1601 BELVEDERE ROAD SUITE 501 S				82	Street Addr	read (1.0). Don't to the control to the control		
WEST PA	ALM BEACH FL 33406				83				
TILOI ()					84	City			85 Zip Gode
					1 -	,			changing its registered of
	Signature, typed or profest during of regulatered agent	Land Hier	appicable (N	OTE Respeter	od Apa		ration submits this statement for the part of directors. I hereby accept the apart who are labely accept the ADDITIONS/CHANGES TO O	E)A`	F
12.	OFFICERS AN	D DIRE	CTORS TELETE	13	i. I TIJLE		ADDITIONS OF ANGES TO OF	1102.110	☐ Change ☐ Addition
TITLE	CEO		(M percie	1	NAME				
NAME	HAWTHORNE, DAVID 1601 BELVEDERE ROAD SU	ITE 50	1 SOUTH			LADDRESS			
STREET ADDRESS	WEST PALM BEACH FL				CITY				
CITY-ST-ZIP TITLE	PC00		☐ DELETE		1 TITLE		P/CEO		Change Addition
NAME	BUDDEMYER, DAVID			2.2	NAME		·		
STREET ADDRESS	1601 BELVEDERE ROAD SU	ITE 50	1 SOUTH	23	STREE	T ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL			2 4	CITY-	ST ZIP			☐ X Change ☐ Additi
TITLE	VPFC		☐ DELETE	3	1 TiTLE	ļ	V/CFO		A Change Apolit
NAME	KNIGHT, WARREN			1	2 NAME				
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TITLE	VPAS		☐ DELETE		TITLE	i	8000017	784	
NAME	RUFFIN, ROBERT	umr e	or culth		2 NAME	I	-04/17/960	11071-	019
STREET ADDRESS	1601 BELVEDERE ROAD ST	טווב א	חוטטפוע			ET ADDRESS	***400.00		-
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TITLE	SVPB MCCAULEY, RONALD E		- Becere		2 NAMI				
NAME	1601 BELVEDERE ROAD S	IITE 6	O1 SOUTH			ET ADDRESS			
STREET ADDRESS	WEST PALM BEACH FL	JIIL J	J. 000111			- ST-ZIP			
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TITLE	HALE, PHILLIP			1	2 NAM				11 .
NAME	1601 BELVEDERE ROAD S	UITE 5	01 SOUTH			ET ADDRESS			4-40
STREET ADDRESS	WEST BALLS BELOUE			١,		OT 710			J+
CITY-ST-ZIF	HEST FALM DEAUTIFL	cl. saith t	sie filing je voluntarily fi	urnished a	and de	oes not qualif	y for the exemption stated in Section	19.07(3)(k), Florida Statutes. I furth

. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption state in Security 113-114. The certify that the information indicated on this annuly report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annuly report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annuly report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annuly report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annuly report or supplemental and that my signature shall have the same legal effect as if made under certify that the information indicated on this annuly report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is accurate and that the information indicated on this annual report is accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is accurate and that my signature shall have the same legal effect as if made under certify the certification indicated and the property of the certification indicated and the certification in

SIGNATURE

PHILLIP HALE, TREASURER
EDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

407-689-9970