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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 9:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V39981**

1. Corporation Name
SERVICO, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite 3445 Peachtree Rd. NE
22 City Suite 700 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
06/01/1992

4. FEI Number
65-0350241
[ ] Applied For
[ ] Not Applicable

5. Certifcate 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	[x] DELETE	1.1 TITLE	[x] Change [ ] Addition
NAME	BUDDEMYER, DAVID		1.2 NAME	PRES
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH		1.3 STREET ADDR	Robert Flanders
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	3445 Peachtree Rd. NE Suite 700 Atlanta, GA 30326
TITLE	VCFO	[x] DELETE	2.1 TITLE	[x] Change [ ] Addition
NAME	KNIGHT, WARREN		2.2 NAME	
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH		2.3 STREET AD	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-Z	
TITLE	VS	[x] DELETE	3.1 TITLE	VST
NAME	DIAZ, CHARLES M		3.2 NAME	Mark Rafuse
STREET ADDRESS	1601 BELVEDERE ROAD SUITE 501 SOUTH		3.3 STREET AD	3445 Peachtree Rd. NE Suite 700
CITY-ST-ZIP	WEST PALM BEACH FL 33406		3.4 CITY-ST-ZI	Atlanta, GA 30326
TITLE	AST	[x] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	HALE, PHILLIP		4.2 NAME	
STREET ADDRESS	1601 BELVEDERE RD., STE 501S		4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33406		4.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	5.1 TITLE	
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 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