## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

P**R**OFIT " CORP**O**RATION ANNUAL REPORT

STREET ADDRESS



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**FILED** 

May 18 1998 8:00am

Secretary of State

1998

DOCUMENT # 820786

(2)

ARAMARK REFRESHMENT SERVICES, INC.

Principal Plac	ce of Business	Mailing Address			1 FABLOR SALLA ULDIA ADIKA INBAN IBRIN BULI A	IOTO BIBOL BIBIL BIBIL BIBIL BADA BEBI
1101 MARKET ST. P.O. BOX 13477 PHILADELPHIA PA 19101 PHILADELPHIA PA 18			1		DO NOT WRITE IN	I THIS SPACE
					3. Date Incorporated or Qualified	
		F			10/09/1967	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
<del></del>			[26]		23-1673482	Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be	
Zip	Country	[28]   Zip	Country		Trust Fund Contribution	Added to Fees
24 25		29	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No	
1	9. Name and Address of Currer		1001	· •	10. Name and Address of New Regis	·
C1	CORPORATION SYSTEM	· · · · · · · · · · · · · · · · · · ·	B1	Name		
12	200 S. PINE ISLAND ROAD		82	Street Ado	dress (P.O. Box Number is Not Acceptable)	1
PI.	ANTATION FL 33324		83			
1			84	City		85 Zip Code
				Only		FL   S   Zip Code
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida State	ites, the above	e-named cor	poration submits this statement for the purp	pose of changing its registered
agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, f	Iorida Statutes	i lie corpora	ation's board of directors. I hereby accept the	ne appointment as registered
SIGNATURE						
12,	Signature typed or present name of regression and OFFICERS AN			erd signature requ		DATE.
TITLE	D CHICKENS MA	DELETE	13.		ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	MCMANUS, JAMES	C oter ic	1.2 NAME			C outside C vancou
STREET ADDRESS	44A4 MARKET AT		1.3 STREET	ADDRESS		
CiTY-ST-ZIP	PHILADELPHIA PA		1.4 CITY - S			
TITLE	DT	DELCTE	2.1 TITLE			☐ Change ☐ Addition
NAME	AUSTELL, BARBARA		2.2 NAME			- , -
STREET ADDRESS	1101 MARKET ST.		2.3 STREET	ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA		2 4 CHY-5	ST-ZIP		
TITLE	D	DELE TE	3 1 1 ITLE			Change Addition
NAME	LEONARD, WILLIAM		3 2 NAME			
STREET ADDRESS	1101 MARKET ST.		3 3 STREET	ADDRESS		
CITY-ST-ZIP	PHILADELPHIA PA 19101		3 4. CITY - S	ST - ZIF		
TITLE	5 5	L DELFTE	4 1 TITLE			Change Addition
NAME	BODNAR, PRISCILLA M		4. 2 NAME			
STREET ADDRESS	1101 MARKET ST.		4 3 STREET			
CITY-ST-ZIP	PHILADELPHIA PA 19101	DELETE	4.4 CITY - S	T - ZIP		Change California
TITLE	O'HARA, MICHAEL J.		5.1 TITLE			Change Addition
NAME OVERT ADDRESS	1101 MARKET ST.		5.2 NAME			
STREET ADDRESS	PHILADELPHIA PA 19101		5 3 STREET			
CITY-ST-ZIP TITLE	THEADELPHA PA 18101	DELETE	5.4 C(1) Y - S 6.1 T(TLE	1 - ZIP		Change Addition
NAME			6.2 NAME			C custife C voorgott
THE SPICE	l		U.Z INNIVE			

6.3 STREET ADDRESS

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 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 occuprention of the receiver or visited employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed on on intracting with an address.