

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835194 (2)

1. Corporation Name
ARAMARK HEALTHCARE SUPPORT SERVICES, INC.

Principal Place of Business 1101 MARKET ST. PHILADELPHIA PA 19101	Mailing Address P.O. BOX 13477 PHILADELPHIA PA 19101-3477
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/13/1975	3a. Date of Last Report 05/01/1996
4. FEI Number 23-1530221	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GIRARD-DICARLO, C.	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, WILLIAM	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'HARA, MICHAEL J.	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BODNAR, PRISCILLA M.	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, MELVIN	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MAHONEY, MELVIN M.	
STREET ADDRESS	1101 MARKET ST.	
CITY-ST-ZIP	PHILADELPHIA PA 19101	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIT
5.3 STREET ADDRESS	AUSTELL, BARBARA
5.4 CITY-ST-ZIP	1101 MARKET STREET PHILADELPHIA PA 19107
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 _____ DATE _____

CR2E034 (9/96)