FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P00592** **(6)**

1. Corporation Name

ALADDIN FOOD MANAGEMENT SERVICES, INC. OF WHEELI NG, WV

Principal Place of Business	Mailing Address
21 ARMORY DRIVE WHEELING WV 26003	21 ARMORY DRIVE WHEELING WV 26003

3. Date Incorporated or Qualified: **01/16/1984**

3a. Date of Last Report: **02/10/1995**

2. Principal Place of Business [21]:

Suite, Apt. #, etc. [22]:

City, & State [23]:

Zip [24]: Country [25]:

2a. Mailing Address [26]:

Suite, Apt. #, etc. [27]:

City, & State [28]:

Zip [29]: Country [30]:

4. FEI Number: **55-0584424** ☐ Applied For ☐ Not Applicable

5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T 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 (Subject to penalty of perfury) (New Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	AGOSTINO, DOMINIC		1.2 NAME		
STREET ADDRESS	3 ARRONWOODS		1.3 STREET ADDRESS		
CITY-ST-ZIP	WHEELING WV		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	DEL PIZZO, ROBERT C. JR		2.2 NAME		
STREET ADDRESS	1032 BALMORAL DR.		2.3 STREET ADDRESS	1150 Duffield St	
CITY-ST-ZIP	PITTSBURGH PA		2.4 CITY-ST-ZIP	Pittsburgh PA	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHELEK, DEBRA		3.2 NAME		
STREET ADDRESS	18 FIR DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TRIDELPHIA WV		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUGGIERO, RICHARD L.		4.2 NAME		
STREET ADDRESS	R.D. #2 BOX B		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHANY WV		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, CHARLES K.		5.2 NAME		
STREET ADDRESS	44 BRIARWOOD DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WHEELING WV		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEAVER, JAMES L.		6.2 NAME		
STREET ADDRESS	95 GAEWOOD TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WHEELING WV		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added to the block with an address.

SIGNATURE: 1/17/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Robert C. Del Pizzo Jr.

304-242-6200 — Daytime Phone #

CR2E034 (12/95)