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Jan 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

DOCUMENT # P00592 (6)

1. Corporation Name

ALADDIN FOOD MANAGEMENT SERVICES, INC. OF WHEELING, WV

Principal Place of Business

21 ARMORY DRIVE
WHEELING WV 26003

Mailing Address

21 ARMORY DRIVE
WHEELING WV 26003-6370



3. Date Incorporated or Qualified

01/16/1984

3a. Date of Last Report

01/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME AGOSTINO, DOMINIC
STREET ADDRESS 3 ARRONWOODS
CITY-ST-ZIP WHEELING WV

TITLE VD ☐ DELETE

NAME DEL PIZZO, ROBERT C. JR
STREET ADDRESS 1150 DUFFIELD ST
CITY-ST-ZIP PITTSBURGH PA

TITLE S ☐ DELETE

NAME SHELEK, DEBRA
STREET ADDRESS 18 FIR DRIVE
CITY-ST-ZIP TRIDELPHIA WV

TITLE TD ☐ DELETE

NAME RUGGIERO, RICHARD L.
STREET ADDRESS R.D. #2 BOX B
CITY-ST-ZIP BETHANY WV

TITLE D ☐ DELETE

NAME GRAHAM, CHARLES K.
STREET ADDRESS 44 BRIARWOOD DRIVE
CITY-ST-ZIP WHEELING WV

TITLE D ☐ DELETE

NAME WEAVER, JAMES L.
STREET ADDRESS 95 GAEWOOD TERRACE
CITY-ST-ZIP WHEELING WV

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 or is changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

DOMINIC AGOSTINO

1/7/97 304-242-6200

Date

Daytime Phone #

CR2E034 (9/96)