PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P07365

1. Corporation Name

SHAMROCK FOOD SERVICES, INC.

							A BIBLI BEB	ii eieli b	1016 0 FO 11 40 PT
Principal Place of Business Mailing Address									
3055 PROSPER		3055 PROSPERITY AVENUE							
FAIRFAX VA 22031-2290		FAIRFAX VA 22031-2290			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						09/10/1985			
2. Principal P	lace of Business	2a. Mailing Address	-			4. FEI Number		Ap	plied For
21	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	26				52-0579174	İ	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				_	\$8	3.75 /	Additional
22		27				5. Certifcate of Status Desired		Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$	5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip Country		8. This corporation owes the current year Intangible					
24 25		29 30			Personal Property Tax. Yes No				
	9. Name and Address of Curren	t Registered Agent		- 1		10. Name and Address of New Register	d Agent	<u>t </u>	
OT C	CODDODATION EVETEM		8	1	Name				
CT CORPORATION SYSTEM			8	82 Street Address (P.O. Box Number is Not Acceptable)					
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			L	1					
PLAI	NIATION FL 33324		8	3					
			8	4	City		85	Zip (Code
						•	L	<u> </u>	
office or r agent. I a	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was autitions of, Section 607.0505, Florida	thorized b	y th	ne corporatio	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	ointmen	it as re	gistered
SIGNATURE							_		
GIONATONE	Signature, typed or printed name of registered agen	<u>``</u>		ent s	signature required	d when reinstating) DATE			70 11 40
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS			RS IN 12
TITLE	CEOD	DELETE 1.11						hange	L.J Addition
NAME	DIMEGEO, C.S.			1.2 NAME					
STREET ADDRESS	7,0000 1,1001 2,111 17727702		1.3 STRE	1.3 STREET ADDRESS					
CITY-ST-ZIP				1.4 CITY-ST-ZIP				hange	☐ Addition
TITLE	PCOD	COB						riange	
NAME	Charles a. I.			2.2 NAME					
STREET ADDRESS	%3055 PROSPERITY AVENUE		1	2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP 3.1 TITLE				Change	Addition
TITLE	4F16						Пv	annyo	
NAME	SLOAN, C JAY JR			3.2 NAME					
STREET ADDRESS	South Control			3.3 STREET ADDRESS					
CITY-ST-ZIP	FAIRFAX VA			3.4, CITY-ST-ZIP				hange	Addition
TITLE	0			4.1 TITLE			П	urige	L_1 / 100(10)11
NAME	HALLAGAN, RONALD T		4. 2 NAM						
STREET ADDRESS	1				ADDRESS				
CITY-ST-ZIP	FAIRFAX VA 22031	□ DELETE	4.4 CITY-		ZIP		<u> </u>	Change	[] Addition
TITLE	SD			5.1 TITLE 5.2 NAME				manye	☐ Addition
NAME	NORMANDEAU, ANDREW				ADDDEEC				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	FAIRFAX VA		5.4 CITY-	ST-	ZIP]				

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. MUDBEN HORMANDEAU

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ DELETE

TITLE

STREET ADDRESS

CITY-ST-ZIP

Change

☐ Addition

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90009 007 ***300.00

CR2E034 (11/98)