


FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90068 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000104842

1. Corporation Name

ARAMARK SERVICES MANAGEMENT OF FL, INC.

Principal Place of Business ARAMARK TOWER, 1101 MARKET ST. PHILADELPHIA PA 19107	Mailing Address ARAMARK TOWER, 1101 MARKET ST. PHILADELPHIA PA 19107
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/17/1998		4. FEI Number 23-2983663		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
City & State 23	City & State 28	8. This corporation owes the current year Tangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip 24	Country 25	Zip 29	Country 30	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEONARD, WILLIAM		1.2 NAME	
STREET ADDRESS ARAMARK TOWER, 1101 MARKET ST.		1.3 STREET ADDRESS	
CITY-STATE-ZIP PHILADELPHIA PA 19107		1.4 CITY-STATE-ZIP	
TITLE D/T	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AUSTELL, BARBARA A		2.2 NAME	
STREET ADDRESS ARAMARK TOWER, 1101 MARKET ST.		2.3 STREET ADDRESS	
CITY-STATE-ZIP PHILADELPHIA PA 19107		2.4 CITY-STATE-ZIP	
TITLE WILLIAM LEONARD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1101 MARKET ST.		3.2 NAME	
STREET ADDRESS PHILADELPHIA, PA 19107		3.3 STREET ADDRESS	
CITY-STATE-ZIP PHILADELPHIA, PA 19107		3.4 CITY-STATE-ZIP	
TITLE MICHAEL O'HARA	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1101 MARKET STREET		4.2 NAME	
STREET ADDRESS PHILADELPHIA, PA 19107		4.3 STREET ADDRESS	
CITY-STATE-ZIP PHILADELPHIA, PA 19107		4.4 CITY-STATE-ZIP	
TITLE PRISCILLA BOONAL	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 1101 MARKET ST.		5.2 NAME	
STREET ADDRESS PHILADELPHIA, PA 19107		5.3 STREET ADDRESS	
CITY-STATE-ZIP PHILADELPHIA, PA 19107		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 change is on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. O'HARA, PRESIDENT

Date

4/29/99

Daytime Phone #

215-238-3162

CR2E034 (1/98)