

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara G. Northrup
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:02

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 834055 (6)

1. Corporation Name

TRIARC CORPORATE HEADQUARTERS, INC.

Principal Place of Business

**900 3RD AVE
31ST FLR
NEW YORK NY 10022
US**

Mailing Address

**900 3RD AVE
31ST FLR
NEW YORK NY 10022
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/25/1975

3a. Date of Last Report

06/28/1984

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

38-0471180

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81

Name

CT CORPORATION SYSTEM

82

Street Address (P.O. Box Number is Not Acceptable)

83

1200 SOUTH PINE ISLAND ROAD

84

City

PLANTATION

FL

85

Zip Code

33324

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

Joan Brunson

**JOAN BRUNSON
ASSISTANT SECRETARY**

4-20-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DC

NELSON, PELTZ

900 3RD AVE 31ST FLR

NEW YORK NY

DP

MAY, PETER W

900 3RD AVE 31ST FLR

NEW YORK NY

D

KALVARIA, LEON

900 3RD AVE 31ST FLR

NEW YORK NY

-VS--

GIMSON, CURTIS S

900 3RD AVE 31ST FLR

NEW YORK NY

V

MCCARRON, FRANCIS T

900 3RD AVE 31ST FLR

NEW YORK NY

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

2. TITLE

3. NAME

4. STREET ADDRESS

5. CITY - ST - ZIP

☐ Change ☐ Addition

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY - ST - ZIP

☒ Change ☐ Addition

4. TITLE

5. NAME

6. STREET ADDRESS

7. CITY - ST - ZIP

☒ Change ☒ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

☐ Change ☒ Addition

6. TITLE

7. NAME

8. STREET ADDRESS

9. CITY - ST - ZIP

☐ Change ☒ Addition

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 on an attachment with an address.

SIGNATURE: Robert J. Crowe, Assistant Vice President-Taxos

4/19/95

212-230-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number