

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 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 # F93000002816 (7)

1. Corporation Name  
TRIARC ACQUISITION CORP.

Principal Place of Business  
800 THIRD AVENUE  
NEW YORK NY 10022

Mailing Address  
800 THIRD AVENUE  
NEW YORK NY 10022-4728



2. Principal Place of Business  
21 280 Park Ave., 24th Fl

2a. Mailing Address  
26 280 Park Ave., 24th Fl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 New York, NY

27 City & State  
28 New York, NY

24 Zip 10017 Country 25 US

29 Zip 10017 Country 30 US

3. Date Incorporated or Qualified  
06/17/1993

3a. Date of Last Report  
04/26/1996

4. FEI Number  
65-0424645

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 SOUTH 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PELTZ, NELSON	
STREET ADDRESS	800 THIRD AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	MAY, PETER W	
STREET ADDRESS	800 3RD AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	S HULTZ, THOMAS E.	
STREET ADDRESS	800 THIRD AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MC CARRON, FRANCIS T	
STREET ADDRESS	800 THIRD AVE., 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CROWE, ROBERT J	
STREET ADDRESS	800 THIRD AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GIMSON, CURTIS S	
STREET ADDRESS	1000 CORPORATE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peltz, Nelson	
1.3 STREET ADDRESS	280 Park Ave., 41st Floor	
1.4 CITY-ST-ZIP	New York, NY 10017	
2.1 TITLE	PCOO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	May, Peter W.	
2.3 STREET ADDRESS	280 Park Ave., 41st Floor	
2.4 CITY-ST-ZIP	New York, NY 10017	
3.1 TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shultz, Thomas E.	
3.3 STREET ADDRESS	280 Park Ave., 41st Floor	
3.4 CITY-ST-ZIP	New York, NY 10017	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	McCarron, Francis T.	
4.3 STREET ADDRESS	280 Park Ave., 41st Floor	
4.4 CITY-ST-ZIP	New York, NY 10017	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Crowe, Robert J.	
5.3 STREET ADDRESS	280 Park Ave., 41st Floor	
5.4 CITY-ST-ZIP	New York, NY 10017	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(j), 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 unchanged, or on an attachment with an address.

SIGNATURE: Robert J. Crowe, Asst. VP-Taxes

4/22/97

212-451-3115

CR2E034 (9/96)