


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

FILED  
May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
<b>DOCUMENT # F94000003401 (6)</b> 1. Corporation Name <b>Arby's, Inc.</b>							
Principal Place of Business <b>1000 Corporate Drive Ft. Lauderdale, FL 33334</b>			Mailing Address <b>1000 Corporate Drive Ft. Lauderdale, FL 33334</b>				
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified <b>6/28/1994</b> 3a. Date of Last Report <b>4/22/96</b> 4. FEI Number <b>13-3760393</b> 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ (Type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____							
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE NAME <b>D P CEO</b> STREET ADDRESS <b>Smith, Roland C.</b> CITY-STATE-ZIP <b>1000 Corporate Drive Ft. Lauderdale, FL 33334</b> 1.2 TITLE <input type="checkbox"/> DELETE NAME <b>V CFO</b> STREET ADDRESS <b>Thomas, Kenneth A.</b> CITY-STATE-ZIP <b>1000 Corporate Drive Ft. Lauderdale, FL 33334</b> 1.3 TITLE <input type="checkbox"/> DELETE NAME <b>S</b> STREET ADDRESS <b>Rosen, Stuart I.</b> CITY-STATE-ZIP <b>280 Park Avenue, 41st Floor New York, NY 10017</b> 1.4 TITLE <input type="checkbox"/> DELETE NAME <b>V T</b> STREET ADDRESS <b>Shultz, Thomas E.</b> CITY-STATE-ZIP <b>280 Park Avenue, 41st Floor New York, NY 10017</b> 1.5 TITLE <input type="checkbox"/> DELETE NAME <b>V</b> STREET ADDRESS <b>Crowe, Robert J.</b> CITY-STATE-ZIP <b>280 Park Avenue, 24th Floor New York, NY 10017</b> 1.6 TITLE <input type="checkbox"/> DELETE NAME <b>V</b> STREET ADDRESS <b>McCarron, Francis T.</b> CITY-STATE-ZIP <b>280 Park Avenue, 41st Floor New York, NY 10017</b>						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-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 if changed, or on an attachment with an address.							
SIGNATURE: <b>Robert J. Crowe, Asst. VP-Taxes</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>4/23/97</b> Daytime Phone # <b>212-451-3115</b>			

CR2E034 (9/96)