

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000005395 (8)**

1. Corporation Name
RC/ARBY'S CORPORATION

Principal Place of Business
**1000 CORPORATE DRIVE
FORT LAUDERDALE FL 33334**

Mailing Address
**1000 CORPORATE DRIVE
FORT LAUDERDALE FL 33334**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2277701	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PELTZ, NELSON	1.2 NAME	
STREET ADDRESS	280 PARK AVENUE, 41ST FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	
TITLE	PCOO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, PETER W	2.2 NAME	
STREET ADDRESS	280 PARK AVENUE, 41ST FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, THOMAS E.	3.2 NAME	Thomas E. Shultz
STREET ADDRESS	280 PARK AVENUE, 41ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, ROBERT J	4.2 NAME	
STREET ADDRESS	280 PARK AVENUE, 41ST FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARRON, FRANCIS T	5.2 NAME	
STREET ADDRESS	280 PAR AVENUE 41ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	
TITLE	VCFO	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, JACK L	6.2 NAME	
STREET ADDRESS	280 PARK AVENUE 41ST FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	6.4 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.

SIGNATURE:

Robert J. Crowe, Asst. VP-Taxes

4/21/98

212-451-3115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 8366491

CR2E034 (10/97)