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FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000001700 (2)

1. Corporation Name

ARBY'S RESTAURANT DEVELOPMENT CORPORATION

Principal Place of Business

1000 CORPORATE DR.  
FT. LAUDERDALE FL 33334

Mailing Address

1000 CORPORATE DR.  
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1995

4. FEI Number

65-0558050

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T 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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
SMITH, ROLAND C  
1000 CORPORATE DR.  
FT. LAUDERDALE FL 33334

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
CROWE, ROBERT J.  
280 PARK AVENUE 24TH FLOOR  
NEW YORK NY 10017

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VCFO  
THOMAS, KENNETH A  
1000 CORPORATE DR.  
FT. LAUDERDALE FL 33334

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
ROSEN, STUART I  
280 PARK AVE, 41ST FLOOR  
NEW YORK NY 10017

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
MCCARRON, FRANCIS T  
280 PARK AVE, 41ST FLOOR  
NEW YORK NY 10017

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
SHULTZ, THOMAS E.  
280 PARK AVENUE 41ST FLOOR  
NEW YORK NY 10017

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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

4/22/98

212-451-3115

CP2E034 (10/97)