

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90187 042 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000002035**

1. Corporation Name  
**ARBY'S RESTAURANT OPERATIONS COMPANY**

Principal Place of Business 1000 CORPORATE DRIVE FORT LAUDEDALE FL 33334	Mailing Address 1000 CORPORATE DRIVE FORT LAUDEDALE FL 33334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1995</b>	
21		26		4. FEI Number <b>65-0558054</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	25	29	30		
Zip		Zip			
Country		Country			

9. Name and Address of Current Registered Agent <b>C T 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
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROLAND	1.2 NAME	
STREET ADDRESS	1000 CORPORATE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDEDALE FL 33334	1.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, KENNETH A	2.2 NAME	
STREET ADDRESS	1000 CORPORATE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDEDALE FL 33334	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, STUART I	3.2 NAME	
STREET ADDRESS	280 PARK AVENUE 41ST FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULTZ, THOMAS E	4.2 NAME	Essner, Greg
STREET ADDRESS	280 PARK AVENUE 41ST FLOOR	4.3 STREET ADDRESS	280 Park Ave.
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	New York, NY 10017
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWE, ROBERT J.	5.2 NAME	
STREET ADDRESS	280 PARK AVENUE 24ST FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARRON, FRANCIS T.	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, with all other like empowered.

SIGNATURE: Robert J. Crowe Robert J. Crowe, Asst. VP-Taxes. 4/26/99 212-451-3115  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)