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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000002035

1. Corporation Name

ARBY'S RESTAURANT OPERATIONS COMPANY

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

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



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Principal Place	e of Business	Mailing Address				, , , , , , , , , , , , , , , , , , , ,	•••••••••••••••••••••••••••••••••••••••			
1000 CORPORA	ATE DRIVE	1000 CORPORATE DRIVE								
FORT LAUDEDALE FL 33334 FORT LAUDEDALE FL 33334						DO NOT WRITE	I ALL THIRD			
						DO NOT WRITE  3. Date Incorporated or Qualifed	IN THIS S	PACE		1
						04/26/1995				
2. Principal Pl	lace of Business	2a. Mailing Address	<del></del>			4. FEI Number		T A	pplied For	
21		26				65-0558054		N	ot Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·-				\$8.75	Additional	1
22	•	27				5. Certifcate of Status Desired		Fee R	equired	
City & State	6	City & State				6. Election Campaign Financing		\$5.00	May Be	}
23		28				Trust Fund Contribution		Added	to Fees	
Zip	Country Zip			Country		8. This corporation owes the curren				
24	25	29 30				Personal Property Tax.		X Yes	□No	
	9. Name and Address of Current	Registered Agent		-1	-	10. Name and Address of New Reg	gistered A	gent		
CT	CORPORATION SYSTEM			81 Na	ime					ĺ
	SOUTH PINE ISLAND ROAD			82 Str	eet Addre	ss (P.O. Box Number is Not Acceptable	e)			1
	NTATION FL 33324									]
PLAN	41X11014 FL 33324			83						
				84 Cit	у		FL	85 Zip	Code	ĺ
	(0-4)		4 41		and some	ration submits this statement for the pu		hacaina it	c registered	
office or re	egistered agent, or both, in the State c	of Florida. Such change was a	authorized	i by the c	corporation	n's board of directors. I hereby accept t	the appoin	tment as n	egistered	
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.0505, Flo	orida Stati	utes.						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOT)	E Registered	Apent signs	ture required	when reinstating)	DATE			_ ا
12.	OFFICERS AND	<del></del>	13.			ADDITIONS/CHANGES TO OFFIC	CERS AND	DIRECT	ORS IN 12	86
TITLE \	P	☐ DELETE	1.1 70	TLE		7.0017.07.07.07.0		Change	Addition	=
NAME	*	DELETE	1.1 TO 1.2 NA						Addition	34 (11/98)
	P SMITH, ROLAND 1000 CORPORATE DRIVE	☐ DELETE	1.2 NA		tess				Addition	E034 (11
NAME STREET ADDRESS	SMITH, ROLAND	☐ DELETE	1.2 NA 1.3 ST	WE	ESS		-		Addition	R2E034 (11
NAME	SMITH, ROLAND 1000 CORPORATE DRIVE	☐ DELETE	1.2 NA 1.3 ST	AME REET ADDR TY-ST-ZIP	RESS				☐ Addition	CR2E034 (11
NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ROLAND 1000 CORPORATE DRIVE FORT LAUDEDALE FL 33334 VCFO		1.2 NA 1.3 ST 1.4 CF	ME REET ADDR TY-ST-ZIP TLE	RESS			☐ Change	_	CR2E034 (11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SMITH, ROLAND 1000 CORPORATE DRIVE FORT LAUDEDALE FL 33334 VCFO THOMAS, KENNETH A		1.2 NA 1.3 ST 1.4 CF 2.1 TIT 2.2 NA	ME REET ADDR TY-ST-ZIP TLE				☐ Change	_	CR2E034 (11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SMITH, ROLAND 1000 CORPORATE DRIVE FORT LAUDEDALE FL 33334 VCFO		1.2 NA 1.3 ST 1.4 CF 2.1 TH 2.2 NA 2.3 ST	NAME REET ADDR TY-ST-ZIP TLE NME				☐ Change	_	CR2E034 (11
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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, Asst. VP-Taxes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4/26/99</u>

212-451-3115