


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 M. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000002046 (9) 1. Corporation Name Arby's Restaurant Construction Company			
Principal Place of Business 1000 Corporate Drive Ft. Lauderdale, FL 33334		Mailing Address 1000 Corporate Drive Ft. Lauderdale, FL 33334	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
3. Date Incorporated or Qualified 4/27/1995		3a. Date of Last Report 4/22/96	
4. FEI Number 65-0573190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 CT Corporation System 1200 South Pine Island Road 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D P	<input type="checkbox"/> DELETE	
NAME	Smith, Roland C.		
STREET ADDRESS	1000 Corporate Drive		
CITY-ST-ZIP	Ft. Lauderdale, FL 33334		
TITLE	V CFO	<input type="checkbox"/> DELETE	
NAME	Thomas, Kenneth A.		
STREET ADDRESS	1000 Corporate Drive		
CITY-ST-ZIP	Ft. Lauderdale, FL 33334		
TITLE	V S	<input type="checkbox"/> DELETE	
NAME	Rosen, Stuart I.		
STREET ADDRESS	280 Park Avenue, 41st Floor		
CITY-ST-ZIP	New York, NY 10017		
TITLE	V T	<input type="checkbox"/> DELETE	
NAME	Shultz, Thomas E.		
STREET ADDRESS	280 Park Avenue, 41st Floor		
CITY-ST-ZIP	New York, NY 10017		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	Crowe, Robert J.		
STREET ADDRESS	280 Park Avenue, 24th Floor		
CITY-ST-ZIP	New York, NY 10017		
TITLE	V	<input type="checkbox"/> DELETE	
NAME	McCarron, Francis T.		
STREET ADDRESS	280 Park Avenue, 41st Floor		
CITY-ST-ZIP	New York, NY 10017		
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-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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, unchanged, or on an attachment with an address.			
SIGNATURE: Robert J. Crowe, Asst. VP-Taxes		4/23/97 212-451-3115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)