


FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		May 07 1997 8:00am Secretary of State	
DOCUMENT # F95000002150 (9) 1. Corporation Name Arby's Restaurant Holding Company					
Principal Place of Business Mailing Address 1000 Corporate Drive 1000 Corporate Drive Ft. Lauderdale, FL 33334 Ft. Lauderdale, FL 33334					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 5/2/1995 3a. Date of Last Report 4/22/96	
21 State Apt # etc		26 Suite, Apt. #, etc.		4. FEI Number 65-0576049 Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24		25		29 30	
9. Name and Address of Current Registered Agent Cf 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 (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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE D P DELETED			1.1 TITLE DELETED		
1.2 NAME Smith, Roland C.			1.2 NAME		
1.3 STREET ADDRESS 1000 Corporate Drive			1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP Ft. Lauderdale, FL 33334			1.4 CITY-STATE-ZIP		
2.1 TITLE V CFO DELETED			2.1 TITLE DELETED		
2.2 NAME Thomas, Kenneth A.			2.2 NAME		
2.3 STREET ADDRESS 1000 Corporate Drive			2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP Ft. Lauderdale, FL 33334			2.4 CITY-STATE-ZIP		
3.1 TITLE V S DELETED			3.1 TITLE DELETED		
3.2 NAME Rosen, Stuart I.			3.2 NAME		
3.3 STREET ADDRESS 280 Park Avenue, 41st Floor			3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP New York, NY 10017			3.4 CITY-STATE-ZIP		
4.1 TITLE V T DELETED			4.1 TITLE DELETED		
4.2 NAME Shultz, Thomas E.			4.2 NAME		
4.3 STREET ADDRESS 280 Park Avenue, 41st Floor			4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP New York, NY 10017			4.4 CITY-STATE-ZIP		
5.1 TITLE V DELETED			5.1 TITLE DELETED		
5.2 NAME Crowe, Robert J.			5.2 NAME		
5.3 STREET ADDRESS 280 Park Avenue, 24th Floor			5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP New York, NY 10017			5.4 CITY-STATE-ZIP		
6.1 TITLE V DELETED			6.1 TITLE DELETED		
6.2 NAME McCarron, Francis T.			6.2 NAME		
6.3 STREET ADDRESS 280 Park Avenue, 41st Floor			6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP New York, NY 10017			6.4 CITY-STATE-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 G. Crowe, Asst. VP-Taxes			4/23/97 212-451-3115		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Day:mt Phone #		

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