

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

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
--	---	---

DOCUMENT # F95000002150 (9)
1. Corporation Name
Arby's Restaurant Holding 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 State Apt # etc 22 City & State 23 Zip Country 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 Zip 30 Country
--	---

3. Date Incorporated or Qualified 5/2/1995	3a. Date of Last Report 4/22/96
4. FEI Number 65-0576049	Applied For 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
**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: _____ (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	

600002181006
-05/16/97--01022--026
*****165.00**

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 if changed, or on an attachment with an address.

SIGNATURE: *Robert J. Crowe* **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)