

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

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003855 (2)**

1. Corporation Name
TRIARC CORPORATE HEADQUARTERS, INC.

Principal Place of Business

**900 THIRD AVENUE
NEW YORK NY 10022**

Mailing Address

**900 THIRD AVENUE
NEW YORK NY 10022-4728**



2. Principal Place of Business 21 280 Park Ave., 24th Fl Suite, Apt #, etc. 22 City & State 23 New York, NY Zip 24 10017		2a. Mailing Address 26 280 Park Ave., 24th Fl Suite, Apt #, etc. 27 City & State 28 New York, NY Zip 29 10017		3. Date Incorporated or Qualified 08/08/1995		3a. Date of Last Report 05/02/1996	
4. FEI Number 38-0471180		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	
7. 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 C T 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			
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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	CD	<input type="checkbox"/> DELETE	1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PELTZ, NELSON		1.2 NAME	Peltz, Nelson			
STREET ADDRESS	900 THIRD AVENUE		1.3 STREET ADDRESS	280 Park Ave., 41st Floor			
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	New York, NY 10017			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAY, PETER W		2.2 NAME	May, Peter W.			
STREET ADDRESS	900 THIRD AVENUE		2.3 STREET ADDRESS	280 Park Ave., 41st Floor			
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	New York, NY 10017			
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KALVARIA, LEON		3.2 NAME	Barnes, Jack L.			
STREET ADDRESS	900 THIRD AVENUE		3.3 STREET ADDRESS	280 Park Ave., 41st Floor			
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	New York, NY 10017			
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHORR, BRIAN L		4.2 NAME	Schorr, Brian L.			
STREET ADDRESS	900 THIRD AVENUE		4.3 STREET ADDRESS	280 Park Ave., 41st Floor			
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	New York, NY 10017			
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVATO, JOSEPH A		5.2 NAME	Crowe, Robert J.			
STREET ADDRESS	900 THIRD AVENUE		5.3 STREET ADDRESS	280 Park Ave., 24th Floor			
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP	New York, NY 10017			
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHLAN, JOHN L		6.2 NAME	Cohlan, John L.			
STREET ADDRESS	900 THIRD AVENUE		6.3 STREET ADDRESS	280 Park Ave., 41st Floor			
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP	New York, NY 10017			

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, Asst VP-Taxes 4/22/97 212-451-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)