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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G39704

(3)

FILED	
May 15 1997 8:00an	n
Secretary of State	

WILEO, I		• (0)								
Principal Place		Mailing Address					BERN DIRE D	 	ĐỊ ĐỊ LUẬU	
BURGER KING : 4727 NW 187 S MIAMI FL 33055	ति ।	9311 S.W. 8TH CT. PEMBROKE PINES FL 33 US	PEMBROKE PINES FL 33025-1159			,				
US						3. Date Incorporated or Qualified 05/13/1983	3	te of Last R	eport	
2. Principa! Pl	ace of Business	2a. Mailing Address				4. FEI Number	1 99/		plied For	
1	Phys	26				59-2290517			ot Applicable	
Suite, Apt	ff, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired	
City & State)	City & State				6. Election Campaign Financing		\$5.00		
23]	1 0	28	T 6-			Trust Fund Contribution		Added	to Fees	
Ζιρ [4]	Country 25	Zip .	30	untry		6. This corporation has liability for Florida Statutes	intangible] Yes [tax under s ∃No	. 199.032,	
41	9. Name and Address of Currer		1301	T		10. Name and Address of New Re				
WILL	IAMS, WILMA			81	Name	**************************************				
	S.W. 62ND COURT			82	Street Add	lress (P.O. Box Number is Not Acceptate	ole)			
MIAN	AI FL 33143			83						
								1221 40	O-1-	
				84	City		FL		Code	
11. Pursuant t office or re agent. Lar	o the provisions of Sections 607.050 egistered agent, or both, in the State at familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida, Such change was pations of, Section 607.0505, F	ites, the a authorize lorida Sta	above ad by atutes	-named corp the corpora	poration submits this statement for the partition's board of directors. I hereby acceptions	urpose of ot the app	changing it pintment as	s registered registered	
SIGNATURE	Signature, typed or printed name of registered &g	out and lice it anglicable (NC	TE: Register	ed Ager	nt signature requi	ired when reinstaling)	DATE			
12.	OFFICERS AN	ID DIRECTORS	18.			ADDITIONS/CHANGES TO OFFIC		DIRECTOR	IS IN 12	
THLE	PO	DELETE	1.1	TITLE				Change	Addition	
NAME	WILLIAMS, WILMA 6251 S.W. 62ND COURT			NAME						
STREET ADDRESS	MIAMI FL		•		ADORESS					
CATY - \$1 - ZIP TITLE	VST	☐ DELETE		CITY-ŞI Title	- ZIF			Change	Addition	
NAMI	WILLIAMS, LEOLA M.		2.21	NAME				•		
STREET ADURESS	6251 S.W. 62ND COURT		2.3	STREET .	address					
CHY-ST-ZIF	MAMI FL			CITY-S	T-ZIP					
HUE	D NOTICE OF A M	☐ DELETE	- 1	TITLE	1			Change	Addition	
NAME	WILLIAMS, LEOLA M. 6251 S.W. 62ND COURT			NAME						
STREET ADDRESS CHY+S1-7IP	MIAM) FL			SINEEI CITY-S	ADDRESS					
TPLE	THE STATE OF THE S	DELETE		litue	1.11			Change	Addition	
NAME		—	- 8	NAME	1			-	•	
STREET ADDRESS					ADDRESS					
CHTY - \$1 - ZIP			4,41	CITY-ST	r-ziP					
TITLE	-	☐ DELETE	•	TITLE	-	· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAM*				NAME						
STREET ADDRESS					ADDRESS					
CHY+ST-ZIP TITLE		☐ DELETE		CITY-SI TITLE	1 - 114		······································	Change	Addition	
NAME		had beaute		NAME						
STREET ADDRESS					ADORESS					
CITY - ST - ZIP				CITY-ST						
14. I do heret	by certify that the information supplied	ed with this filing does not qua	lify for the	exe	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further	certify that	the	
Lam an of	ri indicated on this annual report of a flicer or director of the corporation on h Block 12 or Block 13 if changed, c	r the receiver or trustee empo	wered to	exect exect	ute this repo	at my signature shall have the same legs ort as required by Chapter 607, Florida S	tatutes; a	nd that my	hame	