

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N45470** (4)

1. Corporation Name  
**BURGER KING FOUNDATION, INC.**



Principal Place of Business: **17777 OLD CUTLER RD MIAMI FL 33157**  
Mailing Address: **17777 OLD CUTLER RD MIAMI FL 33157**

3. Date Incorporated or Qualified: **10/04/1991**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business: <b>SAME</b>	2a. Mailing Address: <b>P.O. BOX 020783</b>	4. FEI Number: <b>65-0291696</b>	Applied For: <input type="checkbox"/>
22. Suite, Apt. #, etc.: <b>n/a</b>	27. Suite, Apt. #, etc.: <b>n/a</b>	5. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State: <b>SAME</b>	28. City & State: <b>MIAMI, FLORIDA</b>	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip: <b>SAME</b> Country: <b>USA</b>	29. Zip: <b>33152</b> Country: <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<b>WISNIEWSKI, MELANIE</b> <input checked="" type="checkbox"/> DELETE	11 TITLE: <b>PRESIDENT/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		12 NAME: <b>RICHARD FALLON</b>	
STREET ADDRESS: <b>17777 OLD CUTLER ROAD</b>		13 STREET ADDRESS: <b>17777 OLD CUTLER ROAD</b>	
CITY-STATE-ZIP: <b>MIAMI FL</b>		14 CITY-STATE-ZIP: <b>MIAMI, FLORIDA 33157</b>	
TITLE: <b>TD</b>	<b>COLABUONO, SCOTT</b> <input checked="" type="checkbox"/> DELETE	21 TITLE: <b>TREASURER/DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22 NAME: <b>COLIN HEGGIE</b>	
STREET ADDRESS: <b>PO BOX 020783 N/A</b>		23 STREET ADDRESS: <b>17777 OLD CUTLER ROAD</b>	
CITY-STATE-ZIP: <b>MIAMI FL</b>		24 CITY-STATE-ZIP: <b>MIAMI, FLORIDA 33157</b>	
TITLE: <b>SD</b>	<b>GIRES, MARKA</b> <input type="checkbox"/> DELETE	31 TITLE: <b>MARK GIRESI</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32 NAME:	
STREET ADDRESS: <b>17777 OLD CUTLER ROAD</b>		33 STREET ADDRESS:	
CITY-STATE-ZIP: <b>MIAMI FL</b>		34 CITY-STATE-ZIP:	
TITLE: <b>DVP</b>	<b>FITZJOHN, DAVID</b> <input type="checkbox"/> DELETE	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS: <b>17777 OLD CUTLER ROAD</b>		43 STREET ADDRESS:	
CITY-STATE-ZIP: <b>MIAMI FL</b>		44 CITY-STATE-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	51 TITLE: <b>CHAIRPERSON</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME:		52 NAME: <b>YVONNE JACKSON</b>	
STREET ADDRESS:		53 STREET ADDRESS: <b>17777 OLD CUTLER ROAD</b>	
CITY-STATE-ZIP:		54 CITY-STATE-ZIP: <b>MIAMI, FLORIDA 33157</b>	
TITLE:	<input type="checkbox"/> DELETE	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY-STATE-ZIP:		64 CITY-STATE-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD FALLON-PRESIDENT**

**2-1-96 (305) 378-3440**

Date

Daytime Phone #

CR2E037 (12/95)