

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

**FILED**  
**Jul 18 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # N45470**  
 1. Corporation Name  
**BURGER KING FOUNDATION, INC.**

Principal Place of Business  
**17777 Old Cutler Road**  
**Miami FL 33157**

Mailing Address  
**200 S. 6th St.**  
**MS 08X3 Tax Dept**  
**Minneapolis, MN 55402**

<b>21</b>	2. Principal Place of Business	<b>26</b>	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
<b>22</b>	City & State	<b>27</b>	City & State
<b>23</b>	Zip	<b>28</b>	Zip
	Country		Country

<b>3.</b> Date Incorporated or Qualified	<b>3a.</b> Date of Last Report
<b>10/04/1991</b>	<b>04/25/95</b>
<b>4.</b> FEI Number	Applied For
<b>65-0291696</b>	Not Applicable
<b>5.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>8.</b> 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**

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

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>Mark Giresi</b>	
STREET ADDRESS	<b>17777 Old Cutler Road</b>	
CITY-ST-ZIP	<b>Miami, FL 33157</b>	
TITLE	<b>Chairperson/D</b>	<input type="checkbox"/> DELETE
NAME	<b>Yvonne Jackson</b>	
STREET ADDRESS	<b>17777 Old Cutler Road</b>	
CITY-ST-ZIP	<b>Miami, FL 33157</b>	
TITLE	<b>VP D</b>	<input type="checkbox"/> DELETE
NAME	<b>David Fitzjohn</b>	
STREET ADDRESS	<b>1777 Old Cutler Road</b>	
CITY-ST-ZIP	<b>Miami FL 33157</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>Colin Heggie</b>	
STREET ADDRESS	<b>17777 Old Cutler Road</b>	
CITY-ST-ZIP	<b>Miami FL 33157</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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	

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**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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Mark A. Giresi* **July 16, 1997** 305/378-3264

MARK A. GIRESI, Secretary

CR2E037 (9/96)