

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45470

1. Corporation Name

BURGER KING FOUNDATION, INC.

Principal Place of Business

**17777 OLD CUTLER RD
MIAMI FL 33157**

Mailing Address

~~200 S. 6TH ST.
MS 00'S TAX DEPT.
MINNEAPOLIS MN 55402
US~~



5/4/99 90079 008 #61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 17777 Old Cutler Road		10/04/1991	
22 City & State		27 Suite, Apt. #, etc.		4. FEI Number	
23 Zip		28 Miami, Florida		65-0291696	
24 Country		29 33157		30 USA	
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	
				FL 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	TO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGGIE, COLIN	1.2 NAME	
STREET ADDRESS	17777 OLD CUTLER RD	1.3 STREET ADDRESS	7325 S.W. 162nd Street
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Miami, Florida 33157
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRESI, MARK	2.2 NAME	
STREET ADDRESS	17777 OLD CUTLER ROAD	2.3 STREET ADDRESS	5770 S.W. 114th Terrace
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZJOHN, DAVID	3.2 NAME	
STREET ADDRESS	17777 OLD CUTLER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	C'S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, YVONNE	4.2 NAME	
STREET ADDRESS	17777 OLD CUTLER RD	4.3 STREET ADDRESS	7291 S.W. 146 Street Circle
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	Miami, FL 33176
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

July 15/1999

Date

305/378-3264

Telephone

CR2E037 (5/99)