

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Oct 16 1998 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000005999 (4)  
 1. Corporation Name  
 BURGER KING/MCLAMORE YOUTH OPPORTUNITIES FOUNDATION, INC.



Principal Place of Business Mailing Address  
 17777 OLD CUTLER ROAD MIAMI FL 33157  
 17777 OLD CUTLER ROAD MIAMI FL 33157

3. Date Incorporated or Qualified  
 10/23/1997

4. FEI Number 65-0779225 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
 GIRESI, MARK A ESQ  
 17777 OLD CUTLER ROAD  
 MIAMI FL 33157

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

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 *Mark A. Giresi* Mark Giresi, Director 9/21/98  
(NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS

TITLE	Chairman	<input checked="" type="checkbox"/> DELETE
NAME	Jack Eberly	
STREET ADDRESS	400 Country Club Road, Ste, 230	
CITY-ST-ZIP	Eugene, OR 97401	
TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Bill Scarbrough	
STREET ADDRESS	2238 Camino Ramon	
CITY-ST-ZIP	San Ramon, CA 94583	
TITLE	Director	<input checked="" type="checkbox"/> DELETE
NAME	Vince Berkeley	
STREET ADDRESS	17777 Old Cutler Road, 3N	
CITY-ST-ZIP	Miami, FL 33134	
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	Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mike DeRosa C/D	
1.3 STREET ADDRESS	2127 Necessity Street	
1.4 CITY-ST-ZIP	Eau Claire, WI 54703-4928	
2.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fred Kaufman T/D	
2.3 STREET ADDRESS	4374 W. 52 Street	
2.4 CITY-ST-ZIP	Indianapolis, IN 46254	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steven M. Lewis D	
3.3 STREET ADDRESS	1780 Swede Road	
3.4 CITY-ST-ZIP	Blue Bell, PA 19422	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	200002666402	
4.3 STREET ADDRESS	-10/19/98--01016--025	
4.4 CITY-ST-ZIP	***70.00	
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		

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.

SIGNATURE: *Fred Kaufmann* Fred Kaufmann 9/22/98 (317) 290-8033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)