

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V69789** (8)

1. Corporation Name  
**BURGER KING SWEDEN INC.**



Principal Place of Business: **17777 OLD CUTLER ROAD MIAMI FL 33157**  
Mailing Address: **TAX DEPT 18X3 200 SOUTH 6TH STREET MINNEAPOLIS MN 55402**

2. Principal Place of Business (21) State, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **10/08/1992**  
3a. Date of Last Report: **04/19/1995**  
4. FEI Number: **65-0409063**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and state address

Initials, type or printed name of registered agent and state address

(Date)

12. OFFICERS AND DIRECTORS		
TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ADAMSON, JAMES B.</b>	
STREET ADDRESS	<b>17777 OLD CUTLER RD</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLABUONO, SCOTT L.</b>	
STREET ADDRESS	<b>17777 OLD CUTLER RD</b>	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MARCHIOLI, NELSON J.</b>	
STREET ADDRESS	<b>17777 OLD CUTLER ROAD</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIRESI, MARK A</b>	
STREET ADDRESS	<b>17777 OLD CUTLER RD.</b>	
CITY - ST - ZIP	<b>MIAMI FL 33157</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, LESLIE, R</b>	
STREET ADDRESS	<b>200 SOUTH 6TH ST.</b>	
CITY - ST - ZIP	<b>MINNEAPOLIS MN 55402</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>LOWES, ROBERT C.</b>	
13. STREET ADDRESS		
14. CITY - ST - ZIP		
2. TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	<b>HEGGIE, COLIN</b>	
23. STREET ADDRESS	<b>17777 OLD CUTLER RD</b>	
24. CITY - ST - ZIP	<b>MIAMI FL 33157</b>	
3. TITLE	<b>SR VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY - ST - 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)(c), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LESLIE R. JOHNSON, ASST. SEC.** 3/27/96

612 330 - 4915

CR2E034 (12/95)