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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 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 55402-1403**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1992	3a. Date of Last Report 04/03/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0409063	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOWE, ROBERT C	1.2 NAME	CLAYTON, PAUL
STREET ADDRESS	17777 OLD CUTLER RD	1.3 STREET ADDRESS	17777 OLD CUTLER RD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGGIE, COLIN	2.2 NAME	
STREET ADDRESS	17777 OLD CUTLER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHIOLI, NELSON J.	3.2 NAME	FITZJOHN, DAVID
STREET ADDRESS	17777 OLD CUTLER ROAD	3.3 STREET ADDRESS	17777 OLD CUTLER RD
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33157
TITLE	VPSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIRESI, MARK A	4.2 NAME	
STREET ADDRESS	17777 OLD CUTLER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, LESLIE, R	5.2 NAME	POPPELE, DONALD R,
STREET ADDRESS	200 SOUTH 6TH ST.	5.3 STREET ADDRESS	200 SOUTH SIXTH ST
CITY-ST-ZIP	MINNEAPOLIS MN 55402	5.4 CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE	<input type="checkbox"/> DELETE	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 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 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

CR2E034 (9/96)