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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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified 10/08/1992	3a. Date of Last Report 04/03/1996
4. FEI Number 65-0409063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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	
TITLE	D
NAME	LOWE, ROBERT C
STREET ADDRESS	17777 OLD CUTLER RD
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HEGGIE, COLIN
STREET ADDRESS	17777 OLD CUTLER RD
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	MARCHIOLI, NELSON J.
STREET ADDRESS	17777 OLD CUTLER ROAD
CITY-ST-ZIP	MIAMI FL
TITLE	VPSD
NAME	GIRESI, MARK A
STREET ADDRESS	17777 OLD CUTLER RD.
CITY-ST-ZIP	MIAMI FL 33157
TITLE	AS
NAME	JOHNSON, LESLIE, R
STREET ADDRESS	200 SOUTH 6TH ST.
CITY-ST-ZIP	MINNEAPOLIS MN 55402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P D
1.2 NAME	CLAYTON, PAUL
1.3 STREET ADDRESS	17777 OLD CUTLER RD
1.4 CITY-ST-ZIP	MIAMI FL 33157
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	V
3.2 NAME	FITZJOHN, DAVID
3.3 STREET ADDRESS	17777 OLD CUTLER RD
3.4 CITY-ST-ZIP	MIAMI FL 33157
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	AS
5.2 NAME	POPPELE, DONALD R.
5.3 STREET ADDRESS	200 SOUTH SIXTH ST
5.4 CITY-ST-ZIP	MINNEAPOLIS MN 55402
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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

Date

Signature Phone #

CR2E034 (9/96)