

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 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 # F96000006383 (1)

1. Corporation Name

MAIN ST. LOUISIANA RESTAURANTS, INC.

Principal Place of Business

5050 N. 40TH ST., #200
PHOENIX AZ 85018

Mailing Address

5050 N. 40TH ST., #200
PHOENIX AZ 85018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1996
3a. Date of Last Report n/a

4. FEI Number 86-0840239
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

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

FL

85

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, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PANTER, JOE W
STREET ADDRESS 5050 N. 40TH ST., #200
CITY-ST-ZIP PHOENIX AZ 85018 ☒ DELETE

TITLE PSTD
NAME WALKER, MARK C
STREET ADDRESS 5050 N. 40TH ST., #200
CITY-ST-ZIP PHOENIX AZ 85018 ☐ DELETE

TITLE S
NAME CAMPBELL, CHERYL
STREET ADDRESS 5050 N. 40TH ST., #200
CITY-ST-ZIP PHOENIX AZ 85018 ☒ DELETE

TITLE V
NAME BROUSSARD, STEPHEN J
STREET ADDRESS 5050 N. 40TH ST., #200
CITY-ST-ZIP PHOENIX AZ 85018 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME Bart A. Brown, Jr.
1.3 STREET ADDRESS 5124 N. 31st Place #512
1.4 CITY-ST-ZIP Phoenix, AZ 85016 ☐ Change ☒ Addition

2.1 TITLE V/T/S/D
2.2 NAME Mark C. Walker
2.3 STREET ADDRESS 5861 E. Marconi
2.4 CITY-ST-ZIP Scottsdale, AZ 85254 ☒ Change ☐ Addition

3.1 TITLE V/D
3.2 NAME Gerard Bisceglia
3.3 STREET ADDRESS 15822 E. Thistle Drive
3.4 CITY-ST-ZIP Fountain Hills, AZ 85268 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Mark C. Walker

Mark C. Walker

8/26/97

(602)852-9000

CR2E034 (4/97)