

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90008 017 \*\*\*150.00

**PROFIT\***  
**CORPORATION**  
**ANNUAL REPORT**  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000006383**

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**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

City & State

**23**  
Zip Country

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** ☐ DELETE  
NAME **BROWN, BART A JR**  
STREET ADDRESS **5124 N 31ST PLACE #512**  
CITY-ST-ZIP **PHOENIX AZ**

TITLE **VTSD** ☐ DELETE  
NAME **WALKER, MARK C**  
STREET ADDRESS **5861 E MARCONI**  
CITY-ST-ZIP **SCOTTSDALE AZ**

TITLE **VD** ☐ DELETE  
NAME **BISCEGLIA, GERARD**  
STREET ADDRESS **15822 E THISTLE DRIVE**  
CITY-ST-ZIP **FOUNTAIN HILLS AZ**

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

540699-90008-11  
Doc# F96000006383

MAIN ST. LOUISIANA RESTAURANTS, INC.  
MAILING ADDRESS: 5050 N. 40TH ST., STE 200, PHOENIX, AZ 85018  
PHONE: 602-852-9000  
DATE OF INCORPORATION: 1996  
STATE OF INCORPORATION: ARIZONA  
FED TAX ID NO. 86-0840239

**CORPORATE OFFICERS & DIRECTORS:**

**CORPORATE OFFICERS:**

NAME	TITLE	HOME ADDRESS	BUS. BUS. PHONE	HOME HOME PHONE	SOCIAL SS#	DATE OF BIRTH	DRIVERS LICENSE #
Bart A. Brown, Jr.	President	5124 N. 31st Place #512 Phoenix, AZ 85016	602-852-9040	602-224-5544	400-40-2505	2/23/32	NY 334473919
William G. Shrader	Executive Vice President/ Chief Operating Officer	11160 E. Gold Dust Ave. Scottsdale, AZ 85259	602-852-9006	602-860-5650	185-38-9424	7/19/47	AZ185389424
Stephen J. Broussard	Vice President	9436 Rostyn Dr. River Ridge, LA 70123	504-837-9040				
James C. Yeager	Secretary/ Treasurer	9155 E. Cortez Street Scottsdale, AZ 85260	602-852-9012	602-314-9551	454-94-6675	9/5/60	

**CORPORATE DIRECTORS:**

Bart Brown	Director	5124 N. 31st Place #512 Phoenix, AZ 85016	602-852-9040
	Director		
	Director		

**MAJORITY STOCKHOLDER:**

**PERCENT OWNED**

MAIN STREET AND MAIN INCORPORATED	5050 N. 40th St., Ste 200 Phoenix, AZ 85018	100%
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