

**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**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006383 (1)**  
 1. Corporation Name  
**MAIN ST. LOUISIANA RESTAURANTS, INC.**



Principal Place of Business <b>5050 N. 40TH ST., #200 PHOENIX AZ 85018</b>	Mailing Address <b>5050 N. 40TH ST., #200 PHOENIX AZ 85018</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/06/1996</b>	3a. Date of Last Report <b>n/a</b>
21	22	26	27	4. FEI Number <b>86-0840239</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
23. City & State		28. City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent				
				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				84	City	<b>FL</b>	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 \_\_\_\_\_ 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	<b>PD</b>	1.1 TITLE	<b>P/D</b>
NAME	<b>PANTER, JOE W</b>	1.2 NAME	<b>Bart A. Brown, Jr.</b>
STREET ADDRESS	<b>5050 N. 40TH ST., #200</b>	1.3 STREET ADDRESS	<b>5124 N. 31st Place #512</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	1.4 CITY-ST-ZIP	<b>Phoenix, AZ 85016</b>
TITLE	<b>PSTD</b>	2.1 TITLE	<b>V/T/S/D</b>
NAME	<b>WALKER, MARK C</b>	2.2 NAME	<b>Mark C. Walker</b>
STREET ADDRESS	<b>5050 N. 40TH ST., #200</b>	2.3 STREET ADDRESS	<b>5861 E. Marconi</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	2.4 CITY-ST-ZIP	<b>Scottsdale, AZ 85254</b>
TITLE	<b>S</b>	3.1 TITLE	<b>V/D</b>
NAME	<b>CAMPBELL, CHERYL</b>	3.2 NAME	<b>Gerard Bisceglia</b>
STREET ADDRESS	<b>5050 N. 40TH ST., #200</b>	3.3 STREET ADDRESS	<b>15822 E. Thistle Drive</b>
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	3.4 CITY-ST-ZIP	<b>Fountain Hills, AZ 85268</b>
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>BROUSSARD, STEPHEN J</b>	4.2 NAME	
STREET ADDRESS	<b>5050 N. 40TH ST., #200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PHOENIX AZ 85018</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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: *Mark C. Walker* Mark C. Walker 8/26/97 (602)852-9000

CR2E034 (4/97)