

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

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #., etc.

26 Suite, Apt. #., etc.

22 City & State

27 City & State

24 Zip Country

25

28 Zip Country

29

30

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

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	<input type="checkbox"/> DELETE
NAME	BROWN, BART A JR	
STREET ADDRESS	5124 N 31ST PLACE #512	
CITY-ST-ZIP	PHOENIX AZ	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	WALKER, MARK C	
STREET ADDRESS	5861 E MARCONI	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BISCEGLIA, GERARD	
STREET ADDRESS	15822 E THISTLE DRIVE	
CITY-ST-ZIP	FOUNTAIN HILLS AZ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROUSSARD, STEPHEN J	
STREET ADDRESS	5050 N. 40TH ST., #200	
CITY-ST-ZIP	PHOENIX AZ 85018	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

*See Attached*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Secretary/Treasurer James C. Yeager
2.3 STREET ADDRESS	4155 E. COITZ
2.4 CITY-ST-ZIP	Scottsdale, AZ 85260
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vice President William G. Shrader
3.3 STREET ADDRESS	11160 E. Gold Dust Ave
3.4 CITY-ST-ZIP	Scottsdale, AZ 85259
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Stephen J. Broussard*

4/30/99

602-852-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

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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