

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P30367** (7)

1. Corporation Name
EL POLLO LOCO, INC.



Principal Place of Business: **203 EAST MAIN STREET POST OFFICE BOX 3800 SPARTANBURG SC 29304**
Mailing Address: **203 EAST MAIN STREET POST OFFICE BOX 3800 SPARTANBURG SC 29304**

3. Date Incorporated or Qualified: **08/01/1990**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **33-0377527**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 the corporation (both). Registered Agent Signature required when registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1. 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, RAYMOND J.	12. NAME John A. Romandetti
STREET ADDRESS	203 E MAIN ST	13. STREET ADDRESS 3355 Michelson Dr.
CITY-STATE-ZIP	SPARTANBURG SC	14. CITY-STATE-ZIP Irvine, CA 92715
TITLE	VAT <input type="checkbox"/> DELETE	2. 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIGGS, A RAY	22. NAME C. Robert Campbell
STREET ADDRESS	203 E MAIN ST	23. STREET ADDRESS
CITY-STATE-ZIP	SPARTANBURG SC	24. CITY-STATE-ZIP
TITLE	VPT <input type="checkbox"/> DELETE	3. 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUREN, C. BURT	32. NAME Ronald B. Hutchison
STREET ADDRESS	203 E MAIN ST	33. STREET ADDRESS
CITY-STATE-ZIP	SPARTANBURG SC	34. CITY-STATE-ZIP
TITLE	VS <input type="checkbox"/> DELETE	4. 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISH, RHONDA	42. NAME
STREET ADDRESS	203 E MAIN ST	43. STREET ADDRESS
CITY-STATE-ZIP	SPARTANBURG SC	44. CITY-STATE-ZIP
TITLE	D <input type="checkbox"/> DELETE	5. 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAW, SAMUEL H.	52. NAME Kent M. Smith
STREET ADDRESS	203 E MAIN ST	53. STREET ADDRESS
CITY-STATE-ZIP	SPARTANBURG SC	54. CITY-STATE-ZIP
TITLE	D <input type="checkbox"/> DELETE	6. 1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, H. STEPHEN	62. NAME AS ROSS B. Nell
STREET ADDRESS	203 E. MAIN ST	63. STREET ADDRESS
CITY-STATE-ZIP	SPARTANBURG SC	64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ross B. Nell ASst. Secretary Date: 4/20/96 864-597-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)