

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

FILED

**Apr 04 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 # P30367 (7)
1. Corporation Name
EL POLLO LOCO, INC.



Principal Place of Business
**203 EAST MAIN STREET
POST-OFFICE BOX 3900
SPARTANBURG SC 29304**

Mailing Address
**203 EAST MAIN STREET
POST-OFFICE BOX 3900-
SPARTANBURG SC 29306-5165**

3. Date Incorporated or Qualified **08/01/1990** 3a. Date of Last Report **05/01/1996**

4. FEI Number **33-0377527** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 **29319** 25 29 **29319** 30

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANETTI, JOHN A	1.2 NAME	
STREET ADDRESS	3355 MICHALSON DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	IRVINE CA	1.4 CITY - ST - ZIP	
TITLE	VAT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, C. R	2.2 NAME	
STREET ADDRESS	203 E MAIN ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	2.4 CITY - ST - ZIP	29319
TITLE	VPT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHISON, RONALD B	3.2 NAME	
STREET ADDRESS	203 E MAIN ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	3.4 CITY - ST - ZIP	29319
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARISH, RHONDA	4.2 NAME	UPSD
STREET ADDRESS	203 E MAIN ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	4.4 CITY - ST - ZIP	29319
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KENT M	5.2 NAME	
STREET ADDRESS	203 E MAIN ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELL, ROSS B	6.2 NAME	UPAS
STREET ADDRESS	203 E. MAIN ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	SPARTANBURG SC	6.4 CITY - ST - ZIP	29319

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: *Rhonda J. Parish* **Rhonda J. Parish** **3/31/97** **864/597-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)