

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.)

APPROVED  
AND  
FILED

1997 AUG -1 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000001191 (5)**

1. Corporation Name

**BOULET WESTERN BOOTS, INC.**

Principal Place of Business <b>100 WALNUT ST. CHAMPLAIN NY 12919</b>	Mailing Address <b>501 ST GABRIEL ST TITE OU GOX-3-0 US</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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3. Date Incorporated or Qualified <b>03/09/1994</b>	3a. Date of Last Report <b>07/03/1996</b>
4. FEI Number <b>14-1762149</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOULET, SYLVAIN 4855 W. RLO BRONSON MEMORIAL HIGHWAY KISSIMMEE FL 34748</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOULET, PIERRE 501ST. GABRIEL QUEBEC, CANADA <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200002262102--1</b> <b>-08/08/97--01114--011</b> <b>****165.00 ****165.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOULET, GUY 501 ST. GABRIEL QUEBEC, CANADA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOULET, LOUIS 501 ST. GABRIEL QUEBEC, CANADA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **418-365-5174**

CR2E034 (4/97)

**BOULET****G. A. BOULET INC.**

501, St-Gabriel  
St-Tite, QC, Canada  
G0X 3H0  
Tél: (418) 385-5174  
Fax: (418) 385-3330

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St-Tite, July 28<sup>th</sup> 1997.

Division of Corporations  
Annual Reports Section  
P.O. Box 6327  
Tallahassee, FL, 32314

To whom it may concern :

Much to our surprise, we have just received a "second request" for filing the 1997 Profit Corporation Annual Report with a late filing penalty attached to it. As it is, we never received the first request, probably due to the wrong address being used: we are in Canada, not in the US as indicated on your mailing address and moreover, our zip code is G0X-3H0 and not G0X-3. While filing the 1996 report, we indicated the change in address, as indicated on the enclosed photocopy, but it has never been done.

As a result, please find enclosed our 1997 report together with a cheque to the amount of \$ 165.00 as filing fee.

Please note that our corporation will cease its activities in the State of Florida effective July 31<sup>st</sup> 1997 with the termination of our lease in Kissimmee, FL.

Please do not hesitate to communicate with the undersigned should there be additional questions on this matter.

Yours truly,

Alain Gravel

Director

Finance & Administration

For : Boulet Western Boots Inc.