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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

H90144

(7)

1. Corporation Name
BOOTS ENTERPRISES, INC.

| BOOL                     | S ENTERPRISES, INC.   |                                      |                                |   |  |
|--------------------------|---|--------------------------------------|--------------------------------|---|--|
| Principal Place o        | of Business   | Maiting Address                      |                                | 7 1941411 214 1311 2010 1311 41311 41           |  |
| % WILLIAM                | R. THOMPSON, JR.  | % WILLIAM R. THO                     | MPSON, JR.                     |   |  |
| 11 NW 16TH               | i st  | 11 NW 16TH ST                        | EL 99060                       |   |  |
| POMPANO BEACH FL 33060   |   | POMPANO BEACH FL 33060               |                                | 3. Date Incorporated or Qualified 3a 12/16/1985 | <ul><li>Date of Last Report</li><li>02/09/1995</li></ul> |
| 2. Principal Piac        | e of Business   | 2a. Mailing Address                  |                                | 4. FEI Number                                   | Applied For  |
| 21                       |   | 26                                   |                                | 59-2611604                                      | Not Applicable   |
| Suite, Apt. #            | , etc.  | Suite, Apt. #, etc.                  |                                | 5. Certificate of Status Desired                | \$8.75 Additional Fee Required                           |
| 22                       |   | Orty & State                         |                                | 6. Election Campaign Financing                  | \$5.00 May Be  |
| City & State             |   | 28                                   |                                | Trust Fund Contribution                         | Added to Fees  |
| <b>23</b>   Zip          | Country   | Zip                                  | Country                        | 8. This corporation has liability for intar     | ngible tax under s. 199.032,                             |
| 24                       | 25  | 29                                   | 30                             | Florida Statutes Ves                            |  |
|                          | 9. Name and Address of Curr   | ent Registered Agent                 | 041                            | 10. Name and Address of New Regi                | stered Agent   |
|                          |   |                                      | 81 Name                        |   |  |
| THOMPSON, KENT H.        |   |                                      | 82 Street Ac                   | dress (P.O. Box Number is Not Acceptable)       |  |
|                          | 16TH ST   |                                      | 83                             |   |  |
| POMP/                    | ANO BEACH FL 33060  |                                      |                                |   | as Zo Code   |
|                          |   |                                      | 84 City                        |   | FL 85 Zip Code   |
| familiar witi            | h, and accept the obligations or, Si  Signature, typed or priore name of registered a | ection 607.0505, Florida Statute     | 3                              | oard of directors. Thereby accept the appoint   | 04/11/96_  |
| 12.                      | PVS   | DELETE                               | 1.1046                         |   | Change Addition  |
| NAME                     | THOMPSON, KENT  | _                                    | 12 NAME                        |   |  |
| STREET ADDRESS           | 11 N.W. 16TH ST.  |                                      | 1 3 STREET ADDRESS             |   |  |
| CITY-ST-ZIP              | POMPANO BCH. FL   |                                      | 14 CITY-ST ZIP                 |   | Change   |
| TITLE                    |   | ☐ DELETE                             | 2 1 THLE                       |   | Change Addition  |
| NAME                     |   |                                      | 2 2 NAME                       |   |  |
| STREET ADDRESS           |   |                                      | 2 3 STREET ADDRESS             |   |  |
| CITY - ST - ZIP          |   | ☐ DELETE                             | 2 4 CHY-SI-ZIP<br>3 1 THLE     |   | ☐ Change ☐ Addition                                      |
| TITLE                    |   | LJ occur                             | 3.2 NAME                       |   |  |
| NAME<br>OTOTET ADODESS   |   |                                      | 3.3 STREFT ADDRESS             |   |  |
| STREET ADDRESS           |   |                                      | 3 4 City - ST - ZIF            |   |  |
| CITY - ST - ZIP<br>TITLE |   | ☐ DELETE                             | 4 1 TifLE                      |   | Change Addition  |
| NAME                     |   |                                      | 4.2 NAME                       |   |  |
| STREET ADDRESS           |   |                                      | 4.5 STREET ADDRESS             |   |  |
| CITY - ST - 2IP          |   |                                      | 4 4 C(TY - ST - Z)F            |   | Change Addition  |
| TIFLE                    |   | ☐ DELFTE                             | 5 1 TeTLÉ                      |   | ☐ Change ☐ Addition                                      |
| NAME                     |   | `,                                   | 5.2 NAME                       |   |  |
| STREET ADDRESS           |   |                                      | 5 3 STREET ADDRESS             |   |  |
| CITY - ST - ZIF          |   | - Docto                              | 5.4 CITY - ST - ZIP            |   | Change Addition  |
| TITLE                    |   | ☐ DELETÉ                             | 6 1 TITLE                      |   | <u> </u>   |
| NAME                     |   |                                      | 6.2 NAME<br>6.3 STREET ADDRESS |   |  |
| STREET ADDRESS           |   |                                      | 6.4 City - ST-7IP              |   |  |
| CITY - ST - ZIP          | that the information dupo   | had with this filed is voluntarily f | unished and does not gua       | lify for the exemption stated in Section 119.07 | 7(3)(k), Florida Statutes. I further                     |

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)(b). Florida Statutes: Flurther 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 enipowered 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: KENT H. THOMPSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR