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

Apr 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **199**8 DOCUMENT # (7)**BOOTS ENTERPRISES. INC.** Principal Place of Business Mailing Address % WILLIAM R. THOMPSON. JR. % WILLIAM R. THOMPSON, JR. 11 NW 16TH ST 11 NW 16TH ST DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 3. Date Incorporated or Qualified 12/16/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1370 HAMMONDVILLE RD 59-2611604 21 26 1370 HAMMONDVILLE RD Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be POMPANO BEACH, FL POMPANO BEACH. Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible 33069 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 01 Name THOMPSON, KENT H. 11 NW 16TH ST Street Address (P.O. Box Number is Not Acceptable) 82 POMPANO BEACH FL 33060 1370 HAMMONDVILLE RD 83 City 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. KENT H THOMPSON PRES

NOTE Registered agent and title if applicable

(NOTE Registered Agent signature required whom reinstating) **SIGNATURE** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition TITLE 1.1 TITLE Change THOMPSON, KENT NAME 1.2 NAME 11 N.W. 16TH ST. STREET ADDRESS 1.3 STREET ADDRESS POMPANO BCH. FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 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 attaching it with an address.

FILED