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Feb 26 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 # P94000086076 (4)

1. Corporation Name
BOOTIES, INC.



Principal Place of Business
~~0221 WEST ATLANTIC BLVD.~~
~~MARGATE FL 33067~~

Mailing Address
~~0221 WEST ATLANTIC BLVD.~~
~~MARGATE FL 33067~~

3. Date Incorporated or Qualified 11/28/1994
3a. Date of Last Report 03/11/1996

2. Principal Place of Business
21 5463 NW 57th Way
Suite, Apt. #, etc.

2a. Mailing Address
26 5463 NW 57th Way
Suite, Apt. #, etc.

4. FEI Number 65-0550916
Applied For Not Applicable

22 City & State
23 Coral Springs, FL

27 City & State
28 Coral Springs, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33067
25 Country

29 Zip 33067
30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TREMATERRA, PETER
~~0221 WEST ATLANTIC BLVD.~~
~~MARGATE FL 33067~~

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
5463 NW 57th Way
83
84 City Coral Springs FL 85 Zip Code 33067

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
TITLE PSD
NAME TREMATERRA, PETER
STREET ADDRESS ~~0221 W. ATLANTIC BLVD.~~
CITY- ST- ZIP ~~MARGATE FL 33067~~
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
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CITY- ST- ZIP
TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 5463 NW 57th Way
1.4 CITY- ST- ZIP Coral Springs, FL 33067
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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: *Peter Trematerra* Peter Trematerra 2/19/97, (954) 422-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)