FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

-PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V26539 (9)

1. Corporation Name
C.V. Boot Depot, Inc.

Principal Place of Business — Mailing Address
Change old ones to new ones

2. Principal Place of Business
21 2011 SW 70th Ave.
Suite, Apt #, etc. 22 # A-15A
City & State 23 Davie, FL
Zip 24 33317 Country 25 U.S.

2a. Mailing Address
26 2011 S.W. 70th Ave.
Suite, Apt #, etc. 27 # A-15A
City & State 28 Davie, FL
Zip 29 33317 Country 30 U.S.

3. Date Incorporated or Qualified: 04/03/92
3a. Date of Last Report: 04/28/95
4. FEI Number: 65-0332260 — 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Del Tiegs
82 Street Address (P.O. Box Number is Not Acceptable): 15878 E. Wind Circle
83
84 City: Sunrise FL 85 Zip Code: 33326

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: Del Tiegs (signature) Del Tiegs — DATE: 6/27/96

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Old Ones Change [ ] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P, T, S, D / Tiegs, D.V. / 15878 E. Wind Circle / Sunrise, FL 33326 [✓] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Old Ones Change [ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V, D / Tiegs, R.G. / 15878 E. Wind Circle / Sunrise, FL 33326 [✓] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	100001886271 -07/08/96--01054--008 ***200.00 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (12/95)

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)(k), 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: Del Tiegs (signature) Del Tiegs — 6/27/96 — 954-476-2668

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #