

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F46974** (4)

1. Corporation Name  
**CAAB, INC.**



Principal Place of Business: **C/O ROBERT CALEFFE  
255 COMMERCIAL BOULEVARD  
LAUDERDALE-BY-THE-SEA FL 33308**

Mailing Address: **C/O ROBERT CALEFFE  
255 COMMERCIAL BOULEVARD  
LAUDERDALE-BY-THE-SEA FL 33308**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	3a. Date of Last Report
10/01/1981	04/19/1995
4. FEI Number	Applied For
59-2131290	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CALEFFE, ROBERT  
255 COMMERCIAL BOULEVARD  
LAUDERDALE-BY-THE-SEA FL**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0109 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ SIGNATURE OF TAXPAYER OR AUTHORIZED OFFICER \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALEFFE, ROBERT R</b>	2. NAME	
STREET ADDRESS	<b>255 COMMERCIAL BLVD</b>	3. STREET ADDRESS	
CITY-STATE-ZIP	<b>LAUD BY THE SEA, FL00000</b>	4. CITY-STATE-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALEFFE, ROBERT R</b>	7. NAME	
STREET ADDRESS	<b>255 COMMERCIAL BLVD</b>	8. STREET ADDRESS	
CITY-STATE-ZIP	<b>LAUD BY THE SEA, FL00000</b>	24. CITY-STATE-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALEFFE, ROBERT R</b>	32. NAME	
STREET ADDRESS	<b>255 COMMERCIAL BLVD</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>LAUD BY THE SEA, FL00000</b>	34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this report 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: *Robert R. Caleffe* SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

3-25-96 954.772 2620

CR2E034 (12/95)