

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

FILED

**Apr 23 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 # **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 33308-4418**

3. Date Incorporated or Qualified **10/01/1981** 3a. Date of Last Report **03/29/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2131290	Applied For Not Applicable
22	Suite, Apt. #, etc. 3101 N. Federal Hwy 6th Fl	Suite, Apt. #, etc. 3101 N. Federal Hwy 6th Fl	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State FT. Lauderdale, FL	City & State Ft Lauderdale, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33308	Country	29	30
25	Country	29	30	31
26	Country	29	30	31
27	Country	29	30	31
28	Country	29	30	31
29	Country	29	30	31
30	Country	29	30	31

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) 3101 N. Federal Hwy, 6th Fl
83		84	City Ft. Lauderdale FL
85	Zip Code 33306	86	Zip Code 33306

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALEFFE, ROBERT R	1.2 NAME	
STREET ADDRESS	255 COMMERCIAL BLVD LAUD-BY-THE-SEA, FL 33308	1.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl Ft Lauderdale, FL 33306
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALEFFE, ROBERT R	2.2 NAME	
STREET ADDRESS	255 COMMERCIAL BLVD LAUD-BY-THE-SEA, FL 33308	2.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl Ft Lauderdale, FL 33306
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALEFFE, ROBERT R	3.2 NAME	
STREET ADDRESS	255 COMMERCIAL BLVD LAUD-BY-THE-SEA, FL 33308	3.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl Ft Lauderdale, FL 33306
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: Robert R. Caleffe Robert R. Caleffe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-18-97 954/64-0902
Date Daytime Phone #

CR2E034 (9/96)