

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
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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
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3. Date Incorporated or Qualified 10/01/1981	3a. Date of Last Report 03/29/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 3101 N. Federal Hwy 6th Fl FT. Lauderdale, FL 33308	2a. Mailing Address 26 Suite, Apt. #, etc. 3101 N. Federal Hwy 6th Fl FT Lauderdale, FL 33306	4. FEI Number 59-2131290	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	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)
3101 N. Federal Hwy, 6th Fl
83
84 City **Ft. Lauderdale FL** 85 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

TITLE	S <input type="checkbox"/> DELETE
NAME	CALEFFE, ROBERT R
STREET ADDRESS	255 COMMERCIAL BLVD LAUD-BY-THE-SEA, FL 33308
CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE
NAME	CALEFFE, ROBERT R
STREET ADDRESS	255 COMMERCIAL BLVD LAUD-BY-THE-SEA, FL 33308
CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE
NAME	CALEFFE, ROBERT R
STREET ADDRESS	255 COMMERCIAL BLVD LAUD-BY-THE-SEA, FL 33308
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl Ft Lauderdale, FL 33306
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl Ft Lauderdale, FL 33306
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3101 N. Federal Hwy, 6th Fl Ft. Lauderdale, FL 33306
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert R. Caleffe **Robert R. Caleffe**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **4-18-97** Daytime Phone **954/64-0902**

CR2E034 (9/96)