

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Sep 24 1998 8:00am
 Secretary of State

-PROFIT CORPORATION ANNUAL REPORT 1998		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 1500 NW 62nd Street Ft. Lauderdale, FL 33309	Mailing Address 1500 NW 62nd Street Ft. Lauderdale, FL 33309
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1500 NW 62nd Street	26 1500 NW 62nd Street
22 Suite, Apt. #, etc. 102	27 Suite, Apt. #, etc. 102
23 City & State Ft. Lauderdale, FL	28 City & State Ft. Lauderdale, FL
24 Zip 33309	29 Zip 33309
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 10/01/1981	
4. FEI Number 59-2131290	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81 Name	MARC CROCQUET
82 Street Address (P.O. Box Number is Not Acceptable)	1500 NW 62nd Street, Suite 102
83	
84 City	Ft. Lauderdale, FL
85 Zip Code	33309

10. Name and Address of New Registered Agent

81 Name	MARC CROCQUET
82 Street Address (P.O. Box Number is Not Acceptable)	1500 NW 62nd Street, Suite 102
83	
84 City	Ft. Lauderdale, FL
85 Zip Code	33309

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: Marc Crocquet Marc Crocquet 9/15/98 DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	V/D
STREET ADDRESS	CALEFFE, ROBERT R.
CITY-ST-ZIP	3101 Federal Hwy, 6th Floor Ft. Lauderdale, FL 33306
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	P/S/T
13 STREET ADDRESS	CROCQUET, MARC
14 CITY-ST-ZIP	1500 NW 62nd Street, Suite 102 Ft. Lauderdale, FL 33309
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	300002650073
43 STREET ADDRESS	-09/28/98-01068--025
44 CITY-ST-ZIP	***150.00
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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: Marc Crocquet Marc Crocquet 9/15/98

CR2E034 (5/98)

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