

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



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

-PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**

**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

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**21** 1500 NW 62nd Street  
 Suite, Apt. #, etc. **22** 102  
 City & State **23** Ft. Lauderdale, FL  
 Zip **24** 33309 Country **25** USA

**2a. Mailing Address**  
**26** 1500 NW 62nd Street  
 Suite, Apt. #, etc. **27** 102  
 City & State **28** Ft. Lauderdale, FL  
 Zip **29** 33309 Country **30** USA

**3. Date Incorporated or Qualified**  
 10/01/1981

**4. FEI Number** 59-2131290 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 owes or has paid the current year intangible Personal Property Tax due June 30**  Yes  No

**9. Name and Address of Current Registered Agent**

**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  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	P/S/T
NAME		1.2 NAME	CROCQUET, MARC
STREET ADDRESS		1.3 STREET ADDRESS	1500 NW 62nd Street, Suite 102
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33309
TITLE <input type="checkbox"/> DELETE	V/D	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALEFFE, ROBERT R.	2.2 NAME	
STREET ADDRESS	3101 Federal Hwy, 6th Floor	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	300002650073
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	-09/28/98-01068-025
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***150.00
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 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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