

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

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Mar 17 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 # P94000068661 (5)

1. Corporation Name
KAB LTD., INC.

Principal Place of Business
1137 BLUE HILL CREEK DR.
MARCO ISLAND FL 33937

Mailing Address
1137 BLUE HILL CREEK DR.
MARCO ISLAND FL 34145-1704



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1994		3a. Date of Last Report 03/04/1996	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 65-0507002		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
BROOKE, DONALD J 1137 BLUE HILL CREEK DR. MARCO ISLAND FL 33937				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 607.0502 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

Signature typewritten printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROOKE, DONALD J.			1.2 NAME			
STREET ADDRESS	1137 BLUE HILL CREEK DR.			1.3 STREET ADDRESS			
CITY - ST - ZIP	MARCO ISLAND FL 33937			1.4 CITY - ST - ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALLEN, JAMES D.			2.2 NAME			
STREET ADDRESS	287 AIRPORT ROAD S			2.3 STREET ADDRESS			
CITY - ST - ZIP	NAPLES FL			2.4 CITY - ST - ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEMPER, JOHN W. J			3.2 NAME			
STREET ADDRESS	182 MAIN ST			3.3 STREET ADDRESS			
CITY - ST - ZIP	UNIONVILLE CT			3.4 CITY - ST - ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PURCELL, LYNN			4.2 NAME			
STREET ADDRESS	1314 TOWN COLONY DR			4.3 STREET ADDRESS			
CITY - ST - ZIP	MIDDLETOWN CT			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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/97 941-394-7420

CR2E034 (9/96)