

FILE NOW: FILING FEE AFTER MAY 1 IS \$2.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT STATE
Sandra B. Mort
Secretary of S
DIVISION OF CORPORATIONS

DOCUMENT # **S17282** (2)

1. Corporation Name
CAAB HOMES, INC.



Principal Place of Business: **1645 W. MAIN ST. INVERNESS FL 34450**
Mailing Address: **1645 W. MAIN ST. INVERNESS FL 34450**

3. Date Incorporated or Qualified: **12/05/1990**
3a. Date of Last Report: **06/13/1995**
4. FEI Number: **59-3040350**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

**MORTON, KAREN E
1645 W. MAIN ST.
INVERNESS FL 32850**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.015, Florida Statutes.

SIGNATURE: *Karen E. Morton*
Signature of the person named as registered agent and the applicant.

4/24/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
DPS	MORTON, KAREN E.	1645 W. MAIN ST.	INVERNESS FL	<input type="checkbox"/>
D	MORTON, JAMES W.	1645 W. MAIN ST.	INVERNESS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1					
2					
3					
4					
5					
6					

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 and changed, or on an attachment with an address.

SIGNATURE: *Karen E. Morton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96
DATE

CR2E034 (12/95)