

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P00824 (3)**

1. Corporation Name

**THE FARBMAN GROUP, INC.**

**FILED**  
95 JUL -7 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

28400 NORTHWESTERN HWY.  
FOURTH FLOOR  
SOUTHFIELD MI 48034

28400 NORTHWESTERN HWY.  
FOURTH FLOOR  
SOUTHFIELD MI 48034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/03/1984** 3a. Date of Last Report **03/01/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

25 Suits, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number **38-2143548** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TOMBACK, LEE I.~~  
~~5229 NW 33RD AVENUE~~  
~~BLDG. #5~~  
~~FT. LAUDERDALE FL 33309~~

81 Name **Tom Clinton**  
82 Street Address (P.O. Box Number is Not Acceptable) **5229 N.W. 33rd Ave., Bldg. #5**  
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  V.P. **TOM CLINTON** 6:30-95  
(Signature of registered agent and file if applicable. (NOTE: Registered Agent signature required when re-registering).)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>CSD</b>
NAME	<b>FARBMAN, BURTON D.</b>
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>
CITY - ST - ZIP	<b>SOUTHFIELD MI</b>
TITLE	<b>VP</b>
NAME	<b>WILLIAMS, HEDLEY J.</b>
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>
CITY - ST - ZIP	<b>SOUTHFIELD MI</b>
TITLE	<b>P</b>
NAME	<b>EISENBERG, WILLIAM</b>
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>
CITY - ST - ZIP	<b>SOUTHFIELD MI</b>
TITLE	<b>T</b>
NAME	<b>STROUD, DOUGLAS R</b>
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>
CITY - ST - ZIP	<b>SOUTHFIELD MI</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed, or on an attached sheet with an address).

SIGNATURE:  5/23/95 810/351-4360  
(Signature and typed or printed name of signing officer or director) Date (Anytime / Year #)