

✓ **SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **P00824** (3)  
 1. Corporation Name

**THE FARBMAN GROUP, INC.**



Principal Place of Business: **28400 NORTHWESTERN HWY. FOURTH FLOOR SOUTHFIELD MI 48034**  
 Mailing Address: **28400 NORTHWESTERN HWY. FOURTH FLOOR SOUTHFIELD MI 48034**

3. Date Incorporated or Qualified: **02/03/1984**  
 3a. Date of Last Report: **07/07/1995**

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-fields for Suite, City & State, Zip, and Country.

4. FEI Number: **38-2143548**  
 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: **CLINTON, TOM 5229 NW 33RD AVENUE, BLDG #5 FT. LAUDERDALE FL 33309**  
 10. Name and Address of New Registered Agent (81-85) fields.

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: \_\_\_\_\_ (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>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARBMAN, BURTON D.</b>	1.2 NAME	
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, HEDLEY J.</b>	2.2 NAME	
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EISENBERG, WILLIAM</b>	3.2 NAME	
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROUD, DOUGLAS R</b>	4.2 NAME	
STREET ADDRESS	<b>28400 NORTHWESTERN HWY., 4TH FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHFIELD MI</b>	4.4 CITY-ST-ZIP	
TITLE		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		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 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William Eisenberg**

6/21/96 810/353-0500  
 Date Date/Phone

CR2E034 (3/96)