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**Feb 06 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 # P00824 (3)

1. Corporation Name
THE FARBMAN GROUP, INC.



Principal Place of Business: **26400 NORTHWESTERN HWY. FOURTH FLOOR SOUTHFIELD MI 48034**
Mailing Address: **26400 NORTHWESTERN HWY. FOURTH FLOOR SOUTHFIELD MI 48034-1839**

3. Date Incorporated or Qualified: **02/03/1984** 3a. Date of Last Report: **07/01/1996**
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

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

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: _____ 1/27/97 (810)353-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)