

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/03/1984	
21	22	26	27	4. FEI Number 38-2143548	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent CLINTON, TOM 5220 NW 33RD AVENUE, BLDG #5 FT. LAUDERDALE FL 33309				10. Name and Address of New Registered Agent			
				81	Name C T CORPORATION SYSTEM		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		
				84	City PLANTATION	85 Zip Code FL 33324	

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 *Marc A. Gillis* **MARC A. GILLIS** **3/12/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARBMAN, BURTON D.	1.2 NAME	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HEDLEY J.	2.2 NAME	WILLIAMS, HEDLEY J.
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	2.3 STREET ADDRESS	28400 NORTHWESTERN HWY, 4TH FL
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VICE CHAIRMAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, WILLIAM	3.2 NAME	EISENBERG, WILLIAM
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	3.3 STREET ADDRESS	28400 NORTHWESTERN HWY, 4TH FL.
CITY-ST-ZIP	SOUTHFIELD MI	3.4 CITY-ST-ZIP	SOUTHFIELD
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUD, DOUGLAS R	4.2 NAME	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	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 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: *William Eisenberg*

CR2E034 (10/97)