

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90005 032 ***150.00

DOCUMENT # P00824

1. Corporation Name THE FARBMAN GROUP, INC.



DO NOT WRITE IN THIS SPACE

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

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 owes the current year Intangible Personal Property Tax. 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 CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CSD	DELETE
NAME	FARBMAN, BURTON D.	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	P	DELETE
NAME	WILLIAMS, HEDLEY J.	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	VC	DELETE
NAME	EISENBERG, WILLIAM	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI 48034	
TITLE	T	DELETE
NAME	STROUD, DOUGLAS R	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: H. G. W. T. REQUIRED 2/23/99 (248) 353-0500

CR2E034 (1/98)