

**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 # P31971 (5)

1. Corporation Name
FARBMAN GROUP OF FLORIDA, INC.



Principal Place of Business: 28400 NORTHWESTERN HWY., 4TH FLOOR, SOUTHFIELD MI 48034 US
Mailing Address: 28400 NORTHWESTERN HWY., 4TH FLOOR, SOUTHFIELD MI 48034 US

3. Date Incorporated or Qualified: 10/31/1990
3a. Date of Last Report: 07/07/1995
4. FEI Number: 38-2944440
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 (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt #, etc; City & State; Zip; Country.

9. Name and Address of Current Registered Agent
**CLINTON, TOM
5229 NW 33RD AVENUE, BLDG 5
BLDG. 5
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	EISENBERG, WILLIAM	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	T	DELETE
NAME	STROUD, DOUGLAS R.	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	CSD	DELETE
NAME	FARBMAN, BURTON D.	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	EVP	DELETE
NAME	WILLIAMS, HEDLEY J	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY-ST-ZIP	SOUTHFIELD MI	
TITLE	VP	DELETE
NAME	CLINTON, THOMAS	
STREET ADDRESS	5229 NW 33RD AVE., BLDG. 5	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exempt on 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 as an attachment with an address.

SIGNATURE: *William Eisenberg*
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)