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**Feb 10 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 # 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 48034-1639 US**

3. Date Incorporated or Qualified: **10/31/1990**
3a. Date of Last Report: **07/01/1996**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City, State, Zip, and Country.

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

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) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input type="checkbox"/>
NAME	EISENBERG, WILLIAM	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY- ST- ZIP	SOUTHFIELD MI	
TITLE	T	<input type="checkbox"/>
NAME	STROUD, DOUGLAS R.	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY- ST- ZIP	SOUTHFIELD MI	
TITLE	CSD	<input type="checkbox"/>
NAME	FARBMAN, BURTON D.	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY- ST- ZIP	SOUTHFIELD MI	
TITLE	EVP	<input type="checkbox"/>
NAME	WILLIAMS, HEDLEY J	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	
CITY- ST- ZIP	SOUTHFIELD MI	
TITLE	VP	<input type="checkbox"/>
NAME	CLINTON, THOMAS	
STREET ADDRESS	5229 NW 33RD AVE., BLDG. 5	
CITY- ST- ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY- ST- ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY- ST- ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY- ST- ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY- ST- ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY- ST- ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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: *[Signature]* 1/27/97 (810) 353-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)