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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 # 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-2944440	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. 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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CLINTON, TOM- 5229 NW 33RD AVENUE, BLDG 5 BLDG. 5 FT LAUDERDALE FL 33309				81	Name C T CORPORATION SYSTEM		
				82	Street Address (P.O. Box Number is Not Acceptable) C/O C T CORPORATION SYSTEM		
				83	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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, WILLIAM	1.2 NAME	EXECUTIVE VICE PRESIDENT
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	1.3 STREET ADDRESS	EISENBERG, WILLIAM
CITY-ST-ZIP	SOUTHFIELD MI	1.4 CITY-ST-ZIP	(SAME)
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROUD, DOUGLAS R.	2.2 NAME	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARBMAN, BURTON D.	3.2 NAME	
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHFIELD MI	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, HEDLEY J	4.2 NAME	PRESIDENT
STREET ADDRESS	28400 NORTHWESTERN HWY., 4TH FLOOR	4.3 STREET ADDRESS	WILLIAMS, HEDLEY J.
CITY-ST-ZIP	SOUTHFIELD MI	4.4 CITY-ST-ZIP	(SAME)
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINTON, THOMAS	5.2 NAME	
STREET ADDRESS	5229 NW 33RD AVE., BLDG. 5	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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: *Hedley Williams*

CR2E034 (10/97)