FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL -7 AM 8:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P00824** **(3)**

1. Corporation Name
THE FARBMAN GROUP, INC.

Principal Place of Business	Mailing Address
28400 NORTHWESTERN HWY. FOURTH FLOOR SOUTHFIELD MI 48034	28400 NORTHWESTERN HWY. FOURTH FLOOR SOUTHFIELD MI 48034

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1984	3a. Date of Last Report: 03/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
4. FEI Number: 38-2143548	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State (23)	City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) Country (25)	Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~TOMBACK, LEE I.~~
~~5220 NW 33RD AVENUE~~
~~BLDG. #5~~
~~FT. LAUDERDALE FL 33309~~

10. Name and Address of New Registered Agent

81 Name: Tom Clinton
82 Street Address (P.O. Box Number is Not Acceptable): 5229 N.W. 33rd Ave., Bldg. #5
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: (R) TERUA V.P. THOMAS E. CLINTON 6-30-95
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	CSD	1.1 TITLE	☐ Change ☐ 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	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, HEDLEY J.	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	P	3.1 TITLE	☐ Change ☐ Addition
NAME	EISENBERG, WILLIAM	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	T	4.1 TITLE	☐ Change ☐ 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		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet with an address.

SIGNATURE: _____ 5/23/95 810/351-4360
~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~ Date Daytime Phone #

C95P824 FP