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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Montanari
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**

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

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

24
Country

2a. Mailing Address

25
Suite, Apt. #, etc.

26
City & State

27
Zip

28
Country

3. Date Incorporated or Qualified

10/31/1990

3a. Date of Last Report

05/01/1994

4. FEI Number

38-2944440

Applied For

☐ Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing



**\$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

**TOMBACK, LEE
5229 N.W. 33RD AVE.
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

[Signature] **V.P. THOMAS R. CLINTON**

6-30-95

Signature typed or printed name of registered agent and the if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME EISENBERG, WILLIAM
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR
CITY - ST - ZIP SOUTHFIELD MI

TITLE T
NAME STROUD, DOUGLAS R.
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR
CITY - ST - ZIP SOUTHFIELD MI

TITLE CSD
NAME FARBMAN, BURTON D.
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR
CITY - ST - ZIP SOUTHFIELD MI

TITLE EVP
NAME WILLIAMS, HEDLEY J
STREET ADDRESS 28400 NORTHWESTERN HWY., 4TH FLOOR
CITY - ST - ZIP SOUTHFIELD MI

TITLE ~~OMP~~
NAME ~~TOMBACK, LEE~~
STREET ADDRESS ~~5229 NW 33RD AVE, BLDG. 5~~
CITY - ST - ZIP ~~FT. LAUDERDALE FL~~

TITLE VP
NAME CLINTON, JAMES
STREET ADDRESS 5229 NW 33RD AVE., BLDG. 5
CITY - ST - ZIP FT. LAUDERDALE FL

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

Clinton, Thomas

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental initial 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 applicable, or on an attachment with this address.

SIGNATURE:

Signature typed or printed name of signing officer or director

6/23/95

Date

(810) 351-4360

Telephone #