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FILED

Feb 10 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

2. Principal Place of Business

21

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CLINTON, TOM
5229 NW 33RD AVENUE, BLDG 5
BLDG. 5
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

10/31/1990

3a. Date of Last Report

07/01/1996

4. FEI Number

38-2944440

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)