

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000001551 (9)**

1. Corporation Name

FIVEBROS FLORIDA VENTURES INC.



Principal Place of Business

Mailing Address

1867 YONGE ST., STE. 412
TORONTO, ONTARIO
CANADA M4S 1Y5
OC

1867 YONGE ST., STE. 412
TORONTO, ONTARIO
CANADA M4S 1Y5
OC

3. Date Incorporated or Qualified

03/31/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Subj. Apt. #, etc.

26 Subj. Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

SHIFF, J. RICHARD
4102 QUAIL HOLLOW
19763 BOCA WEST DR.
BOCA RATON FL 33434

4. FET Number

98-0114069

Applied For Not Applicable

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. 189.032, Florida Statutes

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 607.1504, 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 registered agent or the registered agent's representative

Name, Title, Address and Telephone Number of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHIFF, RANDY M	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHIFF, LAURENCE B	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SHIFF, BARRY R	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	SHIFF, DANNY L	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHIFF, ARI N	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRIMAN, HOWARD	
STREET ADDRESS	1867 YONGE ST., STE. 412	
CITY-STATE-ZIP	TORONTO, ONTARIO, CANADA M4S -1Y5	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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)(b), 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 applicable, and/or on an attachment with an address.

SIGNATURE: H. DRIMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 1996 (416) 487-4158

CR2E034 (12/95)