

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

29 30

9. Name and Address of Current Registered Agent

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

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 agent-in-charge

Name, Title, Address and Telephone Number

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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 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)