

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -2 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26188** (3)

1. Corporation Name
FIEVBROS INC.

Principal Place of Business
**1867 YONGE ST., #412
TORONTO, ONTARIO M4S 1Y5
CA**

Mailing Address
**1867 YONGE ST., #412
TORONTO, ONTARIO M4S 1Y5
CA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/27/1989** 3a. Date of Last Report **12/02/1994**

4. FEI Number **NOT APPLICABLE** 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. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	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**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHIFF, RANDY M.
STREET ADDRESS	1867 YONGE ST, STE. 412
CITY- ST- ZIP	TORONTO, ONT., CAN. M4S 1Y5
TITLE	V
NAME	DRIMAN, HOWARD
STREET ADDRESS	1867 YONGE ST, STE. 412
CITY- ST- ZIP	TORONTO, ONT., CAN. M4S 1Y5
TITLE	VD
NAME	SHIFF, LAURENCE B.
STREET ADDRESS	1867 YONGE ST, STE. 412
CITY- ST- ZIP	TORONTO, ONT., CAN. M4S 1Y5
TITLE	VD
NAME	SHIFF, BARRY R.
STREET ADDRESS	1867 YONGE ST, STE. 412
CITY- ST- ZIP	TORONTO, ONT., CAN. M4S 1Y5
TITLE	SD
NAME	SHIFF, DANNY L.
STREET ADDRESS	1867 YONGE ST, STE. 412
CITY- ST- ZIP	TORONTO, ONT., CAN. M4S 1Y5
TITLE	S
NAME	WISEMAN, ANNE M. (ASST.)
STREET ADDRESS	1867 YONGE ST, STE. 412
CITY- ST- ZIP	TORONTO, ONT., CAN. M4S 1Y5

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 on 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

HOWARD DRIMAN

Feb 20 1995

(416) 487-4158

Date

Telephone #