

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P26188 (3)
1. Corporation Name
FIVEBROS 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

3. Date Incorporated or Qualified: 09/27/1989
3a. Date of Last Report: 03/02/1995
4. FEI Number: 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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHIFF, RANDY M.	
STREET ADDRESS	1867 YONGE ST, STE. 412	
CITY-ST-ZIP	TORONTO, ONT., CAN. M4S 1Y5	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DRIMAN, HOWARD	
STREET ADDRESS	1867 YONGE ST, STE. 412	
CITY-ST-ZIP	TORONTO, ONT., CAN. M4S 1Y5	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIFF, LAURENCE B.	
STREET ADDRESS	1867 YONGE ST. STE. 412	
CITY-ST-ZIP	TORONTO, ONT., CAN. M4S 1Y5	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHIFF, BARRY R.	
STREET ADDRESS	1867 YONGE ST, STE. 412	
CITY-ST-ZIP	TORONTO, ONT., CAN. M4S 1Y5	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SHIFF, DANNY L.	
STREET ADDRESS	1867 YONGE ST, STE. 412	
CITY-ST-ZIP	TORONTO, ONT., CAN. M4S 1Y5	
TITLE	S	<input type="checkbox"/> DELETE
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 119.07(3)(k), 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: H DRIMAN February 27 1996 (416) 487-4158
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)