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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **851132** **(1)**

1. Corporation Name
COUNSEL GROUP EQUITIES, LTD., CORPORATION

Principal Place of Business	Mailing Address
360 CENTRAL AVENUE SUITE 1500 ST. PETERSBURG FL 33731	P.O. BOX 3542 ST. PETERSBURG FL 33731-3542 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/30/1981	03/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DAVIS, ALLAN B. 360 CENTRAL AVENUE SUITE 1500 ST. PETERSBURG FL 33701	81 Name: Corporation Information Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street 83 84 City: Tallahassee, FL 85 Zip Code: 32314

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: Dave Sheehy — Dave Sheehy as its Agent — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	SILBER, ALLAN C.	1.2 NAME	
STREET ADDRESS	~~#36 TORONTO STREET #1200~~	1.3 STREET ADDRESS	Exchange Tower Suite 1300, P.O. Box 435 2 First Canadian Place
CITY-ST-ZIP	~~TORONTO,ONT,CANADA~~	1.4 CITY-ST-ZIP	Toronto, Ontario M5X 1E3
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	800001476658
STREET ADDRESS		2.3 STREET ADDRESS	-05/05/95--01007--010
CITY-ST-ZIP		2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Allan Silber — ALLAN SILBER, PRES. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: April 12/95 — (416)866-3059 (Daytime Phone #)

LW

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