FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087818 (9)**

1. Corporation Name
BALFOUR HOLDINGS (FLORIDA) INC.

Principal Place of Business	Mailing Address
777 SOUTH FLAGLER DRIVE SUITE 310 EAST W. PALM BEACH FL 33401	777 SOUTH FLAGLER DRIVE SUITE 310 EAST W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1993
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 590 N.W. Peacock Blvd.	26 590 N.W. Peacock Blvd.
Suite, Apt. #, etc. 22 Suite 3	Suite, Apt. #, etc. 27 Suite 3
City & State 23 Port St. Lucie FL	City & State 28 Port St. Lucie, FL
Zip / Country 24 34986 / 25 USA	Zip / Country 29 34986 / 30 USA

4. FEI Number: 65-0459560 ☐ 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

BREGMAN, HOWARD
777 SOUTH FLAGLER DRIVE
SUITE 310 EAST
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name: Hegener, Paul J.
82 Street Address (P.O. Box Number is Not Acceptable): 590 N.W. Peacock Blvd.
83 Suite 3
84 City: Port St. Lucie FL 85 Zip Code: 34986

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: Paul J. Hegener, President (NOTE: Registered agent signature required when name changes) 4/28/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	D ☒ Change ☐ Addition
NAME	SAMUEL BELZBERG	12 NAME	
STREET ADDRESS	7000 E. BELLEVIEW 350	13 STREET ADDRESS	590 N.W. Peacock Blvd, Suite 3
CITY ST ZIP	GREENWOOD VILLAGE CO 80111	14 CITY ST ZIP	Port St. Lucie, FL 34986
TITLE	VP	21 TITLE	S ☒ Change ☐ Addition
NAME	JAMES RATKOVIC	22 NAME	
STREET ADDRESS	7000E BELLEVIEW 350	23 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY ST ZIP	GREENWOOD VILLAGE CO 80111	24 CITY ST ZIP	Port St. Lucie, FL 34986
TITLE	VPAS	31 TITLE	P/D ☒ Change ☐ Addition
NAME	SPENCER M. WAXMAN	32 NAME	Hegener, Paul J.
STREET ADDRESS	7000 E. BELLEVIEW 350	33 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY ST ZIP	GREENWOOD VALLAGE CO 80111	34 CITY ST ZIP	Port St. Lucie, FL 34986
TITLE	T	41 TITLE	EVP ☒ Change ☐ Addition
NAME	MICHEAL HANNESSON	42 NAME	Babcock, Thomas A.
STREET ADDRESS	7000 E. BELLEVIEW 350	43 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY ST ZIP	GREENWOOD VILLAGE CO 80111-1	44 CITY ST ZIP	Port St. Lucie, FL 34986
TITLE	S	51 TITLE	VP ☒ Change ☐ Addition
NAME	KAREN STENHJEM	52 NAME	Anderson, James H.
STREET ADDRESS	7000 E. BELLEVIEW 350	53 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY ST ZIP	GREENWOOD VILLAGE CO	54 CITY ST ZIP	Port St. Lucie, FL 34986
TITLE		61 TITLE	T ☒ Change ☐ Addition
NAME		62 NAME	Hannesson, Michael
STREET ADDRESS		63 STREET ADDRESS	590 N.W. Peacock Blvd., Suite 3
CITY ST ZIP		64 CITY ST ZIP	Port St. Lucie, FL 34986

14. I 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 hereinabove, or on an attachment with an address.

SIGNATURE: James H. Anderson, V.P. 4/25/95 407-340-3500
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0241955 CP