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 # **P93000087818 (9)**

1. Corporation Name

BALFOUR HOLDINGS (FLORIDA) INC.

Principal Place of Business	Mailing Address
590 NW PEACOCK BLVD. SUITE 3 PORT ST. LUCIE FL 34986 US	590 NW PEACOCK BLVD. SUITE 3 PORT ST. LUCIE FL 34986 US

3. Date Incorporated or Qualified: **12/27/1993**
3a. Date of Last Report: **05/01/1995**

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

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

HEGENER, PAUL J.
590 NW PEACOCK BLVD.
SUITE 3
PORT ST. LUCIE FL 34986

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. Registered Agent signature required when filing.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAMUEL BELZBERG		1.2 NAME		
STREET ADDRESS	590 NW PEACOCK BLVD., SUITE 3		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	S/TD	☒ Change ☐ Addition
NAME	JAMES RATKOVIC		2.2 NAME	James Ratkovic	
STREET ADDRESS	590 NW PEACOCK BLVD., SUITE 3		2.3 STREET ADDRESS	590 NW Peacock Blvd., Suite 3	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	Port St. Lucie FL	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HEGENER, PAUL J.		3.2 NAME		
STREET ADDRESS	590 NW PEACOCK BLVD., SUITE 3		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	EVD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BABCOCK, THOMAS A.		4.2 NAME		
STREET ADDRESS	590 NW PEACOCK BLVD., SUITE 3		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT SST. LUCIE FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, JAMES H.		5.2 NAME		
STREET ADDRESS	590 NW PEACOCK BLVD., SUITE 3		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	HANNESSON, MICHAEL		6.2 NAME		
STREET ADDRESS	590 NW PEACOCK BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		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: [signature] V.P. 11/26/96 407-340-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)