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May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000087818 (9)

1. Corporation Name

BALFOUR HOLDINGS (FLORIDA) INC.



Principal Place of Business

590 NW PEACOCK BLVD.
SUITE 3
PORT ST. LUCIE FL 34986
US

Mailing Address

590 NW PEACOCK BLVD.
SUITE 3
PORT ST. LUCIE FL 34966-2213
US

2. Principal Place of Business

21 7000 E. Belleview

Suite, Apt. #, etc.

22 Suite 350

City & State

23 Greenwood Village, CO

Zip

24 80111

Country

25 USA

2a. Mailing Address

26 7000 E. Belleview

Suite, Apt. #, etc.

27 Suite 350

City & State

28 Greenwood Village, CO

Zip

29 80111

Country

30 USA

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/27/1993

3a. Date of Last Report

05/01/1996

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
SAMUEL BELZBERG
590 NW PEACOCK BLVD., SUITE 3
PORT ST. LUCIE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SD
JAMES RATKOVIC
590 NW PEACOCK BLVD., SUITE 3
PORT ST. LUCIE FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VD
ANDERSON, JAMES H.
590 NW PEACOCK BLVD., SUITE 3
PORT ST. LUCIE FL

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

SIGNATURE

James M. Rath...

CR2E034 (9/96)