

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 # P94000019296 (0)

1. Corporation Name

BALFOUR INVESTMENTS (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 34986
US

3. Date Incorporated or Qualified

03/11/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0484875

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HEGENER, PAUL J.
STREET ADDRESS 590 NW PEACOCK BLVD., SUITE 3
CITY-ST-ZIP PORT ST. LUCIE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME BABCOCK, JAMES A.
STREET ADDRESS 590 NW PEACOCK BLVD., SUITE 3
CITY-ST-ZIP PORT ST. LUCIE FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME ANDERSON, JAMES H.
STREET ADDRESS 590 NW PEACOCK BLVD., SUITE 3
CITY-ST-ZIP PORT ST. LUCIE FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME HANNESSON, MICHAEL
STREET ADDRESS 590 NW PEACOCK BLVD., SUITE 3
CITY-ST-ZIP PORT ST. LUCIE FL

☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME RATKOVIC, JAMES
STREET ADDRESS 590 NW PEACOCK BLVD., SUITE 3
CITY-ST-ZIP PORT ST. LUCIE FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME BELZBERG, SAMUEL
STREET ADDRESS 590 NW PEACOCK BLVD., SUITE 3
CITY-ST-ZIP PORT ST. LUCIE FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)