

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 34986-2213  
US



2. Principal Place of Business

21 7000 E. Belleview Avenue  
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, Avenue  
Suite, Apt. #, etc.  
27 Suite 350  
City & State

28 Greenwood Village, CO  
Zip  
29 80111 Country  
30 USA

3. Date Incorporated or Qualified  
03/11/1994

3a. Date of Last Report  
05/01/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Ratkovic

5/1/97

(303) 771-3533

Date

Daytime Phone

CR2E034 (9/96)