

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000019296 (0)**

1. Corporation Name

**BALFOUR INVESTMENTS (FLORIDA) INC.**

Principal Place of Business

**7000 E BELLEVIEW AVE  
SUITE 350  
GREENWOOD VILLAGE CO 80111  
US**

Mailing Address

**7000 E BELLEVIEW AVE  
SUITE 350  
GREENWOOD VILLAGE CO 80111  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/11/1994**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21 **1050 S Cook**

Suite, Apt. #, etc.

22 **Denver CO**

City & State

23 **80209 US**

Zip

Country

2a. Mailing Address

26 **1050 S Cook**

Suite, Apt. #, etc.

27 **Denver CO**

City & State

28 **80209 US**

Zip

Country

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 firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

**~~President~~ Vice President  
Bruno Disperito  
1177 W Hastings, Suite 2000  
Vancouver BC Canada V6E 2K3**

☐ Change

☒ Addition

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

**Secretary  
Lynn Lancaster  
1050 S Cook  
Denver CO 80209**

☐ Change

☒ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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

*Lynn Lancaster*

CR2E034 (10/97)