

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:07

DOCUMENT # P13582 (2)

1. Corporation Name
BALFOUR BEATTY INCORPORATED

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD. #1670 MIAMI FL 33131 US	ONE BISCAYNE TOWER 2 S. BISCAYNE BLVD. #1670 MIAMI FL 33131 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/12/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 52-1454968	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 999 Peachtree Street, N.E.	26 999 Peachtree Street, N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27 Suite 200
City & State	City & State
23 Atlanta, Georgia	28 Atlanta, Georgia
Zip	Zip
24 30309	29 30309
Country	Country
25 USA	30 USA

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 607.0508, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURL, RICHARD L.
STREET ADDRESS	1186 WHISPERING OAKS
CITY-ST-ZIP	DESOTO TE
TITLE	S
NAME	NIKONOVICH-KAHN, RICHARD
STREET ADDRESS	1922 COLLAND DRIVE, NW
CITY-ST-ZIP	ATLANTA GA
TITLE	D
NAME	MOYNIHAN, JAMES J.
STREET ADDRESS	30 CAMDEN RD, N.E.
CITY-ST-ZIP	ATLANTA GA
TITLE	VD
NAME	JONES, KEITH R.
STREET ADDRESS	628 VERONA PLACE
CITY-ST-ZIP	FT. LAUD. FL
TITLE	VD
NAME	FOSTER, SIMON R.
STREET ADDRESS	2881 ALPINE ROAD
CITY-ST-ZIP	ATLANTA GA
TITLE	TD
NAME	CALVERT, ANDREW R.J.
STREET ADDRESS	3885 COCO GROVE AVE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Curl, Richard L.	
1.3 STREET ADDRESS	4235 Fairways Villa Drive	
1.4 CITY-ST-ZIP	Alpharetta, GA 30202	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cichanski, James B.	
2.3 STREET ADDRESS	805 Moss Creek Plantation	
2.4 CITY-ST-ZIP	Duluth, GA 30316	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mason, Peter J.	
4.3 STREET ADDRESS	One Angel Square, Torrens Street	
4.4 CITY-ST-ZIP	London, England EC1V 1SX	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Calvert, Andrew R. J.	
6.3 STREET ADDRESS	1821 Lakehurst Court, S.E.	
6.4 CITY-ST-ZIP	Smyrna, GA 30080	

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 110.07(3)(b), 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 and, only, that I am an officer or director of the corporation or the treasurer 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 correct, or on an attachment with an address.

SIGNATURE: James B. Cichanski 3/6/95 (404) 875-0356