

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

APPROVED  
AND  
FILED

1996 MAY -2 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



400001811844

-05/07/96--01129--019

\*\*\*\*\*8.75 \*\*\*\*\*8.75

3. Date incorporated or Qualified 11/17/1981 3a. Date of Last Report 04/25/1995

4. FEI Number 59-2150129 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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F55076 (6)  
1. Corporation Name  
SECURITY TRUST PLANS, INC.

Principal Place of Business Mailing Address  
200 NORTH FEDERAL HWY 4126 NORLAND AVE  
% ROBERT D. RUSSELL BURNABY BC V5G 3S8  
POMPANO BCH. FL 33062

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 Zip 26 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
400001811844  
-05/07/96--01129--018  
\*\*\*\*200.00 \*\*\*\*200.00  
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 registrant agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME RUSSELL, ROBERT DALE  
STREET ADDRESS 200 N FEDERAL HWY  
CITY-ST-ZIP POMPANO BCH FL

TITLE CD  
NAME LOEWEN, RAYMOND L.  
STREET ADDRESS 4126 NORLAND AVENUE  
CITY-ST-ZIP BURNABY, B.C.

TITLE VSD  
NAME FITZSIMMONS, DAVID  
STREET ADDRESS 800-5 EAST RIVERCENTER BLVD.  
CITY-ST-ZIP COVINGTON KY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPAS ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ZIP = 33062

2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ZIP = V5G 3S8

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 800 - 50 EAST RIVERCENTER BLVD.  
3.4 CITY-ST-ZIP ZIP = 41011

4.1 TITLE VST ☐ Change ☒ Addition  
4.2 NAME WRIGHT, GARY L.  
4.3 STREET ADDRESS 800 - 50 EAST RIVERCENTER BLVD.  
4.4 CITY-ST-ZIP COVINGTON, KY 41011

5.1 TITLE AS ☐ Change ☒ Addition  
5.2 NAME HYNDMAN, PETER S.  
5.3 STREET ADDRESS 4126 NORLAND AVENUE  
5.4 CITY-ST-ZIP BURNABY, B.C., CANADA, V5G 3S8

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

14. I do hereby certify that the information supplied in 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 if changed, on an attachment with an address.

SIGNATURE:

PETER S. HYNDMAN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 1996 (604) 299-9321

Date

Daytime Phone #

CR2E034 (12/95)