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Apr 29 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 # F55076

(6)

1. Corporation Name

SECURITY TRUST PLANS, INC.



Principal Place of Business

800 NORTH FEDERAL HWY
% ROBERT D. RUSSELL
POMPANO BCH. FL 33062

Mailing Address

4126 NORLAND AVE
BURNABY BC V5G

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/17/1981

3a. Date of Last Report

05/07/1996

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

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

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 line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PASD
NAME RUSSELL, ROBERT D
STREET ADDRESS 200 N FEDERAL HWY
CITY-ST-ZIP POMPAHO BEACH FL 33062

☐ DELETE

TITLE D
NAME LOEWEN, RAYMOND L
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY, B.C. V5G3S8

☐ DELETE

TITLE D
NAME FITZSIMMONS, DAVID
STREET ADDRESS 800-50 EAST RIVERCENTER BLVD.
CITY-ST-ZIP COVINGTON KY 41011

☐ DELETE

TITLE VST
NAME WRIGHT, GARY L
STREET ADDRESS 800-50 EAST RIVERCENTER BLVD.
CITY-ST-ZIP COVINGTON KY 41011

☐ DELETE

TITLE AS
NAME HYNDMAN, PETER S
STREET ADDRESS 4126 NORLAND AVENUE
CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8

☐ 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 as an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

4/22/97

(604) 293-6425

CR2E034 (9/96)