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FILED
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**

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

2. Principal Place of Business: **21**
 2a. Mailing Address: **26**
 Suite, Apt. #, etc.: **22**
 Suite, Apt. #, etc.: **27**
 City & State: **23**
 City & State: **28**
 Zip: **24**
 Country: **25**
 Zip: **29**
 Country: **30**

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
 85 Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PASD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, ROBERT D	1.2 NAME
STREET ADDRESS	200 N FEDERAL HWY	1.3 STREET ADDRESS
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEWEN, RAYMOND L	2.2 NAME
STREET ADDRESS	4126 NORLAND AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	BURNABY, B.C. V5G3S8	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZSIMMONS, DAVID	3.2 NAME
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	3.3 STREET ADDRESS
CITY-ST-ZIP	COVINGTON KY 41011	3.4 CITY-ST-ZIP
TITLE	VST <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, GARY L	4.2 NAME
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	4.3 STREET ADDRESS
CITY-ST-ZIP	COVINGTON KY 41011	4.4 CITY-ST-ZIP
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYNDMAN, PETER S	5.2 NAME
STREET ADDRESS	4126 NORLAND AVENUE	5.3 STREET ADDRESS
CITY-ST-ZIP	BURNABY, B.C. CANADA V5G3S8	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		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

CR2E034 (9/96)