

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F55076** (6)

1. Corporation Name
SECURITY TRUST PLANS, INC.

Principal Place of Business

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

Mailing Address

**4126 NORLAND AVE
BURNABY BC V5G 3S8**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1981	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2150129		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE	PASD	<input type="checkbox"/> DELETE
NAME	RUSSELL, ROBERT D	
STREET ADDRESS	200 N FEDERAL HWY	
CITY- ST- ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOEWEN, RAYMOND L	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY- ST- ZIP	BURNABY, B.C. V5G3S8	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITZSIMMONS, DAVID	
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	
CITY- ST- ZIP	COVINGTON KY 41011	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, GARY L	
STREET ADDRESS	800-50 EAST RIVERCENTER BLVD.	
CITY- ST- ZIP	COVINGTON KY 41011	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HYNDMAN, PETER S	
STREET ADDRESS	4126 NORLAND AVENUE	
CITY- ST- ZIP	BURNABY, B.C. CANADA V5G3S8	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY L. CASHNER
2.3 STREET ADDRESS	801 TEAS ROAD
2.4 CITY- ST- ZIP	CONROE, TX 77303
3.1 TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GREGORY K. ROLLINGS
3.3 STREET ADDRESS	681 NORTH AVENUE
3.4 CITY- ST- ZIP	JONESBORO, GA 30236
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL HART
4.3 STREET ADDRESS	3190 TREMONT AVENUE
4.4 CITY- ST- ZIP	TREVOSE, PA 19053-6693
5.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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

Peter S. Hyndman 03/23/98 (604) 299-9321

CR2E034 (10/97)