

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90012 042 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F55076**

1. Corporation Name  
**SECURITY TRUST PLANS, INC.**



Principal Place of Business <b>200 NORTH FEDERAL HWY % ROBERT J. RUSSELL POMPANO BEACH, FL 33062</b>	Mailing Address <b>4126 NORLAND AVE BURNABY BC V5G 3S8</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>11/17/1981</b>	4. FEI Number <b>59-2150129</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD. PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD <input checked="" type="checkbox"/> DELETE NAME RUSSELL, ROBERT D STREET ADDRESS 200 N FEDERAL HWY CITY-ST-ZIP POMPADNO BEACH FL 33062	1.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME PAUL WAGLER 1.3 STREET ADDRESS 4126 NORLAND AVENUE 1.4 CITY-ST-ZIP BURNABY, B.C., CANADA V5G 3S8
TITLE D <input checked="" type="checkbox"/> DELETE NAME LOEWEN, RAYMOND L STREET ADDRESS 4126 NORLAND AVENUE CITY-ST-ZIP BURNABY, B.C. V5G3S8	2.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME SEAN M. GILCHRIST 2.3 STREET ADDRESS 801 TEAS ROAD 2.4 CITY-ST-ZIP CONROE, TX 77303
TITLE VP <input type="checkbox"/> DELETE NAME CASHNER, JEFFREY L. STREET ADDRESS 801 TEAS ROAD CITY-ST-ZIP CONROE TX 77303	3.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE ST <input checked="" type="checkbox"/> DELETE NAME ROLLINGS, GREGORY K. STREET ADDRESS 681 NORTH AVENUE CITY-ST-ZIP JONESBORO GA 30236	4.1 TITLE ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME RONALD GUSHULAK 4.3 STREET ADDRESS 2860 COLUMBIA TRAIL 4.4 CITY-ST-ZIP LOVELAND, OH 45140
TITLE ASD <input type="checkbox"/> DELETE NAME HYNDMAN, PETER S STREET ADDRESS 4126 NORLAND AVENUE CITY-ST-ZIP BURNABY, B.C. CANADA V5G3S8	5.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME JOSEPH C. HARDIMAN 5.3 STREET ADDRESS 801 TEAS ROAD 5.4 CITY-ST-ZIP CONROE, TX 77303
TITLE AS <input checked="" type="checkbox"/> DELETE NAME HART, PAUL STREET ADDRESS 3190 TREMONT AVENUE CITY-ST-ZIP TREVOSE PA 19053	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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** PETER S. HYNDMAN April 20, 1999 (604) 299-3321  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)