

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

FILED
Jan 16 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 # **P95000094539 (0)**

1. Corporation Name
ASTON TRUST, INC.



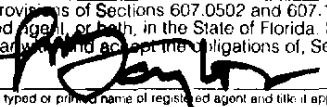
Principal Place of Business 11911 US HWY ONE SUITE 201 NORTH PALM BEACH FL 33408	Mailing Address P.O. BOX 33301 PALM BEACH GARDENS FL 33420-3301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0761058	Applied For ☐ Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

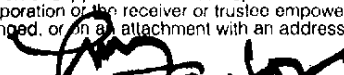
9. Name and Address of Current Registered Agent TAYLOR, LUTHER M 11050 TURTLE BEACH ROAD C-204 NORTH PALM BEACH FL 33408				10. Name and Address of New Registered Agent	
				81 Name Luther M. Taylor	
				82 Street Address (P.O. Box Number is Not Acceptable) 11911 U.S. Highway One	
				83 Suite 201	
				84 City North Palm Beach	85 Zip Code FL 33408

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  **Luther M. Taylor** 1/6/98
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	6 ☒ DELETE			1.1 TITLE	☐ Change ☐ Addition		
NAME	TAYLOR, LUTHER M			1.2 NAME			
STREET ADDRESS	11050 TURTLE BEACH ROAD, C-204			1.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			1.4 CITY-ST-ZIP			
TITLE	President ☐ DELETE			2.1 TITLE	☐ Change ☒ Addition		
NAME	Woodrow Safrit c/o L.M. Taylor			2.2 NAME			
STREET ADDRESS	11911 U.S. Highway One, Suite 201			2.3 STREET ADDRESS			
CITY-ST-ZIP	North Palm Beach, FL 33408			2.4 CITY-ST-ZIP			
TITLE	Vice President ☐ DELETE			3.1 TITLE	☐ Change ☒ Addition		
NAME	Brooks Safrit c/o L.M. Taylor			3.2 NAME			
STREET ADDRESS	11911 U.S. Highway One, Suite 201			3.3 STREET ADDRESS			
CITY-ST-ZIP	North Palm Beach, FL 33408			3.4 CITY-ST-ZIP			
TITLE	☐ DELETE			4.1 TITLE	☐ Change ☐ Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	☐ DELETE			5.1 TITLE	☐ Change ☐ Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	☐ DELETE			6.1 TITLE	☐ Change ☐ Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 in an attachment with an address.

SIGNATURE  **LUTHER M. TAYLOR** 1/6/98 561-626-0909

CR2E034 (10/97)