FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51239 (4)

1. Corporation Name
FIRST SECURITY TRUST COMPANY

Principal Place of Business	Mailing Address
1 ALHAMBRA PLAZA , #100 CORAL GABLES FL 33134 US	1 ALHAMBRA PLAZA , COLUMBUS CTR #100 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1992
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-1221804 ☐ 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	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, name or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	D	☐ Change ☒ Addition
NAME	WELLS, DARRELL	12 NAME	Brown, David H	
STREET ADDRESS	4350 BROWNSBORO ROAD, STE 310	13 STREET ADDRESS	1 Alhambra Plaza, Columbus Ctr #100	
CITY ST ZIP	LOUISVILLE KY	14 CITY ST ZIP	Coral Gables Fl 33134	
TITLE	~~D~~	21 TITLE	D, President	☒ Change ☐ Addition
NAME	~~BORN, RICHARD A~~	22 NAME	Hill, Michael W	
STREET ADDRESS	~~13701 SW 88TH ST., STE 300~~	23 STREET ADDRESS	3355 Town Center Road	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	Boca Raton, Fl 33486	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, G E JR	32 NAME		
STREET ADDRESS	2628 ALAMANDA CT	33 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL 33301	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	KILEY, FRANK T	42 NAME		
STREET ADDRESS	4350 BROWNSBORO ROAD S-310	43 STREET ADDRESS		
CITY ST ZIP	LOUISVILLE KY 40207	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SCHEEN, S R	52 NAME		
STREET ADDRESS	630 OCEAN DRIVE APT 501	53 STREET ADDRESS		
CITY ST ZIP	JUNO BEACH FL 33408	54 CITY ST ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	VILLARMARZO, CHRISTINA M	62 NAME		
STREET ADDRESS	13701 S.W. 89TH ST., SUITE 300	63 STREET ADDRESS	1 Alhambra Plaza, Columbus Ctr #100	
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP	Coral Gables Fl 33134	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Frank T. Kiley — 1/29/95 — 502 893-4200
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427073 FP