

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V51239 (4)

1. Corporation Name

FIRST SECURITY TRUST COMPANY

Principal Place of Business

1 ALHAMBRA PLAZA . #100
CORAL GABLES FL 33134
US

Mailing Address

1 ALHAMBRA PLAZA . COLUMBUS CTR #100
CORAL GABLES FL 33134
US



3. Date Incorporated or Qualified
11/18/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WELLS, DARRELL
STREET ADDRESS 1 ALHAMBRA PLAZA, COLUMBUS CNTR #100
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE DP
NAME HILL, MICHAEL W.
STREET ADDRESS 5355 TOWN CENTER ROAD
CITY-ST-ZIP BOC RATON FL

☐ DELETE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME HAMILTON, G E JR
STREET ADDRESS 2628 ALAMANDA CT
CITY-ST-ZIP FT LAUDERDALE FL 33301

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME KILEY, FRANK T
STREET ADDRESS 4350 BROWNSBORO ROAD S-310
CITY-ST-ZIP LOUISVILLE KY 40207

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME SCHEEN, S R
STREET ADDRESS 630 OCEAN DRIVE APT 501
CITY-ST-ZIP JUNO BEACH FL 33408

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME VILLARMARZO, CHRISTINA M
STREET ADDRESS 1 ALHAMBRA PLAZA, COLUMBUS CTR #100
CITY-ST-ZIP CORAL GABLES FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Rebecca M. Irvine
499 Lightfoot Road
Louisville, KY 40207

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

502-893-4207

CR2E034 (12/95)