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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



3. Date Incorporated or Qualified

11/18/1992

3a. Date of Last Report

05/01/1996

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

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

24

25

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE

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

TITLE DP DELETE

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

TITLE D DELETE

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

TITLE D DELETE

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

TITLE D DELETE

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

TITLE D DELETE

NAME IRVINE, REBECCA M.
STREET ADDRESS 499 LIGHTFOOT ROAD
CITY-ST-ZIP LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

[Signature]

[Signature]

[Signature]

[Signature]

[Signature]

CR2E034 (9/96)

**Form Attached to
Florida Department of State
Profit Corporation Annual Report**

First Security Trust Company

Title	Chief Financial Officer
Name	James R. Jenkins
Street Address	4350 Brownsboro Road Ste 310
City-ST-Zip	Louisville, KY 40207