

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

**FILED**  
**May 05 1999 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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05/05/99 90002 089 15000  
 DO NOT WRITE IN THIS SPACE

**DOCUMENT # V51239**  
 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
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified  
 11/18/1992

4. FEI Number  
 85-1221804

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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		84 City	
FL 85		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, DARRELL	1.2 NAME	
STREET ADDRESS	1 ALHAMBRA PLAZA, COLUMBUS CNTR #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORSCH, WARREN III	2.2 NAME	
STREET ADDRESS	2000 POE BLVD STE B 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, G E JR	3.2 NAME	
STREET ADDRESS	2828 ALAMANDA CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, FRANK T	4.2 NAME	
STREET ADDRESS	4350 BROWNSBORO ROAD S-310	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40207	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEN, S R	5.2 NAME	
STREET ADDRESS	630 OCEAN DRIVE APT 501	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL 33408	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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: FRANK T. KILEY **SIGNATURE REQUIRED** 5/6/99 502-893-4207  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR MEMBER OR DIRECTOR

CR2E034 (1/199)

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