FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000003115 (3)**

1. Corporation Name

THE LIFE INSURANCE MARKETING COMPANY OF GEORGIA

Principal Place of Business	Mailing Address
260 INTERSTATE NORTH CIRCLE ATLANTA GA 30339	260 INTERSTATE NORTH CIRCLE ATLANTA GA 30339

3. Date Incorporated or Qualified: **07/07/1993**

3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business
21

Suite, Apt. #, etc.
22

City & State
23

Zip
24

Country
25

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip
29

Country
30

4. FEI Number: **58-1956958** ☐ 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. 199.042, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JONES, MARSHALL
12773 WEST FOREST HILL BLVD.
SUITE 1214
WEST PALM BEACH FL 33414

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 of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RYBKA, LAWRENCE S		1.2 NAME		
STREET ADDRESS	11686 MAIDSTONE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KNECHTEL, W. TIMOTHY		2.2 NAME		
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		2.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	RYBKA, LAWRENCE J		3.2 NAME		
STREET ADDRESS	6690 BETA DR #210		3.3 STREET ADDRESS	3690 ORANGE PLACE SUITE 300	
CITY-ST-ZIP	CLEVELAND OH		3.4 CITY-ST-ZIP	BEACHWOOD OH 44122	
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	PRESSLER, ELAINE		4.2 NAME		
STREET ADDRESS	6690 BETA DR #210		4.3 STREET ADDRESS	3690 ORANGE PLACE SUITE 300	
CITY-ST-ZIP	CLEVELAND OH		4.4 CITY-ST-ZIP	BEACHWOOD OH 44122	
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		

CR2E034 (12/95)

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: X Elaine Pressler 3/28/96 216 765-1701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number