

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

FILED
May 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000003115 (3)
 1. Corporation Name: **THE LIFE INSURANCE MARKETING COMPANY OF GEORGIA**



Principal Place of Business 260 INTERSTATE NORTH CIRCLE ATLANTA GA 30339	Mailing Address 260 INTERSTATE NORTH CIRCLE ATLANTA GA 30339-2210
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1993	3a. Date of Last Report 04/03/1996
21 Suite, Apt. #, etc.	26 3690 Orange Place	4. FEI Number 58-1956958		Applied For Not Applicable	
22 City & State	27 300	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Cleveland OH	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 44122	30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JONES, MARSHALL 12773 WEST FOREST HILL BLVD. SUITE 1214 WEST PALM BEACH FL 33414		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	DPC	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	RYBKA, LAWRENCE S		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	11686 MAIDSTONE DR.		1.2 NAME		
CITY-STATE-ZIP	WELLINGTON FL		1.3 STREET ADDRESS		
TITLE	D	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP		
NAME	KNECHTEL, W. TIMOTHY		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE		2.2 NAME		
CITY-STATE-ZIP	ATLANTA GA 30339		2.3 STREET ADDRESS		
TITLE	DVS	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP		
NAME	RYBKA, LAWRENCE J		3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3690 ORANGE PL STE 300		3.2 NAME		
CITY-STATE-ZIP	BEACHWOOD OH		3.3 STREET ADDRESS		
TITLE	T	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP		
NAME	PRESSLER, ELAINE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	3690 ORANGE PL STE 300		4.2 NAME		
CITY-STATE-ZIP	BEACHWOOD OH		4.3 STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP		
NAME			5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS			5.2 NAME	V	
CITY-STATE-ZIP			5.3 STREET ADDRESS	RANDALL G. APPLGATE	
TITLE		<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	3690 ORANGE PL STE 300	
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY-STATE-ZIP			6.3 STREET ADDRESS		
			6.4 CITY-STATE-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:  **3/13/97 216 765-1101**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)