

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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 3690 ORANGE PLACE #300 CLEVELAND OH 44122 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/07/1993

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No
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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 85 Zip Code
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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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	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	NAME	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	NAME	3.1 TITLE	Change Addition
NAME	RYBKA, LAWRENCE J	3.2 NAME	
STREET ADDRESS	3690 ORANGE PL STE 300	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	Change Addition
NAME	PRESSLER, ELAINE	4.2 NAME	
STREET ADDRESS	3690 ORANGE PL STE 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	Change Addition
NAME	APPLEGATE, RANDALL G	5.2 NAME	
STREET ADDRESS	3690 ORANGE PL, STE. 300	5.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)