

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90197 026 ***150.00

DOCUMENT # F93000003115

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1993

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 the current year Intangible
Personal Property Tax.

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 Lawrence S. Rybka
82 Street Address (P.O. Box Number is Not Acceptable)
1500 Corporate Ct. Way #203
83
84 City Wellington FL 85 Zip Code 33414

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 ~~not~~ 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)

Lawrence S. Rybka

3/18/99

12. OFFICERS AND DIRECTORS

TITLE	DPC	<input type="checkbox"/> DELETE
NAME	RYBKA, LAWRENCE S	
STREET ADDRESS	11686 MAIDSTONE DR.	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KNECHTEL, W. TIMOTHY	
STREET ADDRESS	260 INTERSTATE NORTH CIRCLE	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RYBKA, LAWRENCE J	
STREET ADDRESS	3690 ORANGE PL STE 300	
CITY-ST-ZIP	BEACHWOOD OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PRESSLER, ELAINE	
STREET ADDRESS	3690 ORANGE PL STE 300	
CITY-ST-ZIP	BEACHWOOD OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	APPLEGATE, RANDALL G	
STREET ADDRESS	3690 ORANGE PL, STE. 300	
CITY-ST-ZIP	BEACHWOOD OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lawrence S. Rybka	
1.3 STREET ADDRESS	1500 Corporate Ct. Way #203	
1.4 CITY-ST-ZIP	Wellington, FL 33414	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Lawrence S. Rybka

3/18/99

561-793-4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (1/98)