

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # G67232 (0)  
i. Corporation Name  
ANNUITY INTERNATIONAL MARKETING CORPORATION



Principal Place of Business Mailing Address  
7251 W PALMETTO PARK RD.  
BOCA RATON FL 33433 7251 W PALMETTO PARK RD.  
BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 555 S. Kansas Avenue		26 555 S. Kansas Avenue		11/01/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-2490049	
City & State		City & State		Applied For	
23 Topeka, KS		28 Topeka, KS		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 66603		29 66603		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25 USA		30 USA			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROHN, FRANK T.	1.2 NAME	Allen Atha, III
STREET ADDRESS	6001 OLD CLINT MOORE RD	1.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	EVP, CFO, & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOEFT, JERALD R.	2.2 NAME	Thomas M. Fogt
STREET ADDRESS	18674 ANCHOR DRIVE	2.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	EVP & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBERTONE, DONNA J	3.2 NAME	Michael H. Miller
STREET ADDRESS	3725 KINGS WAY	3.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President & Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAVENER, SHARON JS	4.2 NAME	Dale Brueggeman
STREET ADDRESS	7941 MCLAURIN ROAD NORTH	4.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	President & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HETZ, MARK V	5.2 NAME	Mark V. Heitz
STREET ADDRESS	415 SW 8TH STREET	5.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	TOPEKA KS	5.4 CITY-ST-ZIP	Topeka, KS 66603
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TICE, JULIE B	6.2 NAME	Vickie Freel
STREET ADDRESS	710 NE 69TH STREET	6.3 STREET ADDRESS	555 S. Kansas Avenue
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	Topeka, KS 66603

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: Dale H. Brueggeman

4/30/98

(785) 295-4461

CR2E034 (10/97)