

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 # M45684 (1)

1. Corporation Name
IFG NETWORK SECURITIES, INC.



Principal Place of Business: **3399 PEACHTREE RD., N.E. SUITE 1000 ATLANTA GA 30326**
Mailing Address: **3399 PEACHTREE RD., N.E. SUITE 1000 ATLANTA GA 30326**

3. Date Incorporated or Qualified: **01/29/1987**
3a. Date of Last Report: **01/27/1995**

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: **59-2765230**
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 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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
85 Zip Code **FL**

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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: LEDBETTER, H. DAVID STREET ADDRESS: 3399 PEACHTREE RD NE SUITE 1000 CITY- ST- ZIP: ATLANTA GA	<input type="checkbox"/> DELETE
TITLE: D NAME: SLOVIN, CLIVE STREET ADDRESS: 3399 PEACHTREE RD NE SUITE 1000 CITY- ST- ZIP: ATLANTA GA	<input type="checkbox"/> DELETE
TITLE: V NAME: SULLIVAN, JULIE A STREET ADDRESS: 3399 PEACHTREE RD NE SUITE 1000 CITY- ST- ZIP: ATLANTA GA	<input type="checkbox"/> DELETE
TITLE: V NAME: GILBERT, DON E STREET ADDRESS: 3399 PEACHTREE RD NE SUITE 1000 CITY- ST- ZIP: ATLANTA GA	<input type="checkbox"/> DELETE
TITLE: S NAME: KILLEN, IVAN L STREET ADDRESS: 3399 PEACHTREE RD NE SUITE 1000 CITY- ST- ZIP: ATLANTA GA	<input type="checkbox"/> DELETE
TITLE: T NAME: COUNTS, MILLCENT E STREET ADDRESS: 3399 PEACHTREE RD NE SUITE 1000 CITY- ST- ZIP: ATLANTA GA	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: V 1.2 NAME: Sandra Murray 1.3 STREET ADDRESS: 3399 Peachtree Rd., N.E., Ste. 1000 1.4 CITY- ST- ZIP: Atlanta, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: V 2.2 NAME: E. Paul Stewart 2.3 STREET ADDRESS: 3399 Peachtree Rd., N.E., Ste. 1000 2.4 CITY- ST- ZIP: Atlanta, GA 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY- ST- ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Julie A Sullivan V.P.* Julie Sullivan 2/20/96 404-841-6800
DATE: _____ DAY/TIME PHONE #

CR2E034 (12/95)