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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90016 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M45684
 1. Corporation Name
IFG NETWORK SECURITIES, INC.

Principal Place of Business 3424 PEACHTREE RD NE 1900 MONARCH TOWER ATLANTA GA 30326 US	Mailing Address PO BOX 190150 SUITE 1000 ATLANTA GA 31119-150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Country
25	30

3. Date Incorporated or Qualified 01/29/1987	
4. FEI Number 59-2765230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PC <input type="checkbox"/> DELETE
NAME	LEDBETTER, H DAVID
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	D <input type="checkbox"/> DELETE
NAME	SLOVIN, CLIVE
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	V <input type="checkbox"/> DELETE
NAME	SULLIVAN, JULIE A
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	GILBERT, DON E
STREET ADDRESS	3399 PEACHTREE RD NE SUITE 1000
CITY-ST-ZIP	ATLANTA GA
TITLE	S <input type="checkbox"/> DELETE
NAME	KILLEN, IVAN L
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER
CITY-ST-ZIP	ATLANTA GA 30326
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, ANTHONY W
STREET ADDRESS	3424 PEACHTREE RD NE, 1900 MONARCH TOWER
CITY-ST-ZIP	ATLANTA GA 30326

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ledbetter, H. David
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	V Scott S. Walker
4.3 STREET ADDRESS	3424 Peachtree Rd NE, 1900 Monarch Tower
4.4 CITY-ST-ZIP	Atlanta, GA 30326
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 checked="" type="checkbox"/> Addition
6.2 NAME	T V E. Paul Stewart
6.3 STREET ADDRESS	3424 Peachtree Rd NE, 1900 Monarch Tower
6.4 CITY-ST-ZIP	Atlanta, GA 30326

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]* **SIGNATURE REQUIRED** Killen, Secretary 4/27/99 404/841-6800
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)

IFG Network Securities, Inc.

425547-90816-10
M45684

Additional Officers:

V
Sandra A. Murray
3424 Peachtree Rd NE, 1900 Monarch Tower
Atlanta, GA 30326

V
Sabrina Y. Jackson-Carter
3424 Peachtree Rd NE, 1900 Monarch Tower
Atlanta, GA 30326