


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

FILED  
Jul 27 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 # **P940000 44606**  
1. Corporation Name  
**Investors Marketing Group, Inc.**

Principal Place of Business: **3030 Hartley Rd. #390 Jacksonville, FL 32257**  
Mailing Address: **P.O. Box 56050 Jacksonville, FL 32241**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Please change to above	26 Please change to above	6/10/94	65-0499004	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**Melvin C. Parker  
7200 W. Camino Real #203  
Boca Raton, FL 33433**

10. Name and Address of New Registered Agent

81 Name	<b>Susan F. Powell</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3030 Hartley Rd. #390</b>
83	
84 City	<b>Jacksonville</b>
85 State	<b>FL</b>
86 Zip Code	<b>32257</b>

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: *Susan F. Powell* Date: **6/16/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>DIRECTOR, PRESIDENT, TREASURER</b>	<input type="checkbox"/> DELETE
NAME	<b>Melvin C. Parker</b>	
STREET ADDRESS	<b>(Resigned 6/30/98)</b>	
CITY-ST-ZIP		
TITLE	<b>Exec. V.P., Secretary</b>	<input type="checkbox"/> DELETE
NAME	<b>Susan F. Powell</b>	
STREET ADDRESS	<b>3030 Hartley Rd.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32257</b>	
TITLE	<b>Sr. Vice President</b>	<input type="checkbox"/> DELETE
NAME	<b>Glenn A. Thigpen</b>	
STREET ADDRESS	<b>- Same -</b>	
CITY-ST-ZIP		
TITLE	<b>V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>Karen O. Smith</b>	
STREET ADDRESS	<b>- Same -</b>	
CITY-ST-ZIP		
TITLE	<b>V.P.</b>	<input type="checkbox"/> DELETE
NAME	<b>Debbie D. Sanders</b>	
STREET ADDRESS	<b>- Same -</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>300002602463</b>
63 STREET ADDRESS	<b>-07/30/98--01022--027</b>
64 CITY-ST-ZIP	<b>***550.00</b>

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: *Susan F. Powell* Date: **6/16/98** Daytime Phone #: **800-749-6992**

CR2E034 (10/97)