

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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90143 044 \*\*\*158.75

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PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

DOCUMENT # **F96000005096**

1. Corporation Name  
**INTERBANK FUNDING GROUP, INC.**



Principal Place of Business 2650 CAMINO DEL RIO, NORTH SAN DIEGO CA 92108	Mailing Address 2650 CAMINO DEL RIO, NORTH SAN DIEGO CA 92108
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 <b>Suite 100</b> City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b>Suite 100</b> City & State 28 Zip 29	Country 30
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3. Date Incorporated or Qualified <b>10/03/1996</b>	4. FEI Number <b>33-0527607</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**FLORIDA COMPLIANCE SPECIALISTS, INC.**  
**1331 E. LAFAYETTE ST.**  
**SUITE C**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	SILVERMAN, MARTIN	
STREET ADDRESS	2650 CAMINO DEL RIO, NORTH	
CITY-ST-ZIP	SAN DIEGO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	RUPERT, JEANNINE A	
STREET ADDRESS	2650 CAMINO DEL RIO, NORTH #100	
CITY-ST-ZIP	SAN DIEGO CA 92108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 checked="" type="checkbox"/> Addition
3.2 NAME	SVP
3.3 STREET ADDRESS	Eva Villa-Lobos
3.4 CITY-ST-ZIP	2650 Camino Del Rio N, Suite 100 San Diego, CA 92108
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	Terri L. Lyons
4.4 CITY-ST-ZIP	2650 Camino Del Rio N, Suite 100 San Diego, CA 92108
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: \_\_\_\_\_ DATE: **4-20-99** (800) 331-3360  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR: **JEANNINE A RUPERT**  
 VICE PRESIDENT

CR2E034 (11/98)