

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F95000004117**

Corporation Name

**IMPERIAL BUSINESS CREDIT, INC.**

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90030 037 \*\*\*550.00



Principal Place of Business  
**6935 WEST BERNARDO DRIVE  
STE. 150  
SAN DIEGO CA 92127  
US**

Mailing Address  
**16935 WEST BERNARDO DRIVE  
STE. 150  
SAN DIEGO CA 92127  
US**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/24/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>33-0664339</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARACORP, INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE FL 32303**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

I, 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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<b>D SNAVELY, H. WAYNE</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	<b>23550 HAWTHORNE BLVD., BLDG. 1, STE. 110</b>	1.2 NAME	
3. CITY-STATE-ZIP	<b>TORRANCE CA</b>	1.3 STREET ADDRESS	
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
5. NAME	<b>T KELLER, KEN</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	<b>169 W BERNARDO DR STE 150</b>	2.2 NAME	
7. CITY-STATE-ZIP	<b>SAN DIEGO CA 92127</b>	2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. NAME	<b>D SHUGERMAN, STEPHEN</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	<b>12300 WILSHIRE BLVD</b>	3.2 NAME	
11. CITY-STATE-ZIP	<b>LOS ANGELES CA 90025</b>	3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<b>PD WALDEN, PHILLIP A</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	<b>16935 W BERNARDO DR #150</b>	4.2 NAME	
15. CITY-STATE-ZIP	<b>SAN DIEGO CA 92127</b>	4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME	<b>ST MANISCALCO, ANTHONY E II</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	<b>16935 W BERNARDO DR #150</b>	5.2 NAME	
19. CITY-STATE-ZIP	<b>SAN DIEGO CA 92127</b>	5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME	<b>VP OLSON, STEPHEN</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS	<b>16935 W BERNARDO DR STE 150</b>	6.2 NAME	
23. CITY-STATE-ZIP	<b>SAN DIEGO CA 92127</b>	6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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:

*Kenneth W. Keller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-1-99 (619) 675-7218**  
Date Daytime Phone #

CR2E034 (5/99)

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