

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004369 (3)
 1. Corporation Name
IMPERIAL PREMIUM FUNDING, INC.



Principal Place of Business 180 INTERSTATE N. SUITE 350 ATLANTA GA 30339	Mailing Address 15303 VENTURA BLVD #1600 SHERMAN OAKS CA 91403
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 09/08/1995	
4. FEI Number 58-2196307	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32399-0300**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYCON, ROBERT J	1.2 NAME	
STREET ADDRESS	15303 VENTURA BLVD, SUITE 1600	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHERMAN OAKS CA 91403	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CYCON, ROBERT J	2.2 NAME	
STREET ADDRESS	15303 VENTURA BLVD, SUITE 1600	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHERMAN OAKS CA 91403	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, JAMES K	3.2 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTROB, JAY S	4.2 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SUSAN L	5.2 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, SCOTT L	6.2 NAME	
STREET ADDRESS	1999 AVENUE OF THE STARS	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90067	6.4 CITY-ST-ZIP	

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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: *Carol A. Cordano* Carol A. Cordano 4/21/98 (818) 906-1200 x185

CR2E034 (10/97)