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Apr 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004369

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 NORTH PARK TOWN CTR, BLDG 600
Suite, Apt. #, etc.

22 1200 ABERNATHY RD. STE 500
City & State

23 ATLANTA GA
City & State

24 30328 **25 USA**
Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number

58-2196307

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PCEO**
CYCON, ROBERT J
STREET ADDRESS **15303 VENTURA BLVD, SUITE 1600**
CITY-ST-ZIP **SHERMAN OAKS CA 91403**

TITLE ☐ DELETE
NAME **D**
CYCON, ROBERT J
STREET ADDRESS **15303 VENTURA BLVD, SUITE 1600**
CITY-ST-ZIP **SHERMAN OAKS CA 91403**

TITLE ☐ DELETE
NAME **VD**
HUNT, JAMES K
STREET ADDRESS **1999 AVENUE OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ DELETE
NAME **D**
WINTROB, JAY S
STREET ADDRESS **1999 AVENUE OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ DELETE
NAME **D**
HARRIS, SUSAN L
STREET ADDRESS **1999 AVENUE OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

TITLE ☐ DELETE
NAME **D**
ROBINSON, SCOTT L
STREET ADDRESS **1999 AVENUE OF THE STARS**
CITY-ST-ZIP **LOS ANGELES CA 90067**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Carol A. Cordano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99 (818) 766-1200 x185
Date Daytime Phone #

CR2E034 (11/98)