

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

2. Principal Place of Business

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

2a. Mailing Address

26
Suite, Apt. #, etc.

22 1200 ABERNATHY RD. STE 500
City & State

27
City & State

23 ATLANTA GA

28
Zip Country

24 30328

25 USA

29 Zip 30
Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32399-0300

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.

(NO) E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	<input type="checkbox"/> DELETE	1.1 TITLE
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	<input type="checkbox"/> DELETE	2.1 TITLE
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	<input type="checkbox"/> DELETE	3.1 TITLE
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	<input type="checkbox"/> DELETE	4.1 TITLE
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	<input type="checkbox"/> DELETE	5.1 TITLE
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	<input type="checkbox"/> DELETE	6.1 TITLE
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

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

4/19/99 (818) 306-1200 X185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0654585

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90170 008 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1995

4. FEI Number

58-2196307

Applied For

Nct Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

CR2E034 (11/98)