

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

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Jul 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000000072 (6)
 1. Corporation Name
IMPERIAL HOME LOANS, INC.



Principal Place of Business 900 LANIDEX PLAZA, THIRD FLOOR PARSIPPANY NJ 07054	Mailing Address 900 LANIDEX PLAZA, THIRD FLOOR PARSIPPANY NJ 07054-2707
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3. Date Incorporated or Qualified 01/03/1996		3a. Date of Last Report	
2. Principal Place of Business 21 Suite, Apt. #, etc.	2e. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 22-3408284	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	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
23. Zip	25. Country	28. Zip	30. Country
24. Zip		25. Country	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83.			
84. City		85. Zip Code		FL			

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	PD ADAMS, STEVEN M 900 LANIDEX PLAZA, THIRD FLOOR PARSIPPANY NJ 07054	1.1 TITLE	T
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	V
NAME		2.2 NAME	Laura Dwojewski
STREET ADDRESS		2.3 STREET ADDRESS	360 North Road
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Chester, NJ 07934
TITLE		3.1 TITLE	S
NAME		3.2 NAME	Stephen Gasparovic
STREET ADDRESS		3.3 STREET ADDRESS	336 Beaver Run Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Nazareth, PA 18064
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 _____ DATE _____

CR2E034 (9/96)