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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified 01/03/1996
3a. Date of Last Report

2. Principal Place of Business	2e. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	22-3408284	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	1.1 TITLE	T
NAME	ADAMS, STEVEN M	1.2 NAME	
STREET ADDRESS	900 LANIDEX PLAZA, THIRD FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054	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 _____ SIGNATURE _____

CR2E034 (9/96)