

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

FILED

**Mar 20 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000005986 (2)
1. Corporation Name
ITLA FUNDING CORPORATION



Principal Place of Business REBECCA GRIFFITH, PARALEGAL 700 N. CENTRAL AVENUE, SUITE 600 GLENDALE CA 91203-1240	Mailing Address REBECCA GRIFFITH, PARALEGAL 700 N. CENTRAL AVENUE, SUITE 600 GLENDALE CA 91203-1240
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 16830 Ventura Blvd Suite, Apt. #, etc. 22 Suite J City & State 23 Encino CA Zip 24 91436	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US
---	--

3. Date Incorporated or Qualified 11/15/1996
4. FEI Number 95-4597542
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
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

TITLE	DT	<input type="checkbox"/> DELETE
NAME	SICURO, MICHAEL A	
STREET ADDRESS	16830 VENTURA BLVD	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUCE, NORVAL L	
STREET ADDRESS	16830 VENTURA BLVD	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	GUARINI, GEORGE J	
STREET ADDRESS	16830 VENTURA BLVD	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALIGOWSKI, GEORGE W	
STREET ADDRESS	16830 VENTURA BLVD	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MAYER, MICHAEL L	
STREET ADDRESS	16830 VENTURA BLVD	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	BARRECA, RICK	
STREET ADDRESS	16830 VENTURA BLVD	
CITY-ST-ZIP	ENCINO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Anthony Rusnak
5.3 STREET ADDRESS	16830 Ventura Blvd
5.4 CITY-ST-ZIP	Encino Ca 91436
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____ DATE **3/12/98**

CR2E034 (10/97)