

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000017444 (7)

1. Corporation Name

IMPERIAL FINANCE COMPANY, INC.



Principal Place of Business

2756 DEERBERRY CT.
LONGWOOD FL 32779

Mailing Address

2756 DEERBERRY CT.
LONGWOOD FL 32779

3. Date Incorporated or Qualified

02/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3190 N. Hwy 17-92

26 P.O. Box 950485

4. FEI Number

59-3297502

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Longwood, FL.

28 Lake Mary, FL

Zip

Country

Zip

Country

24 32750

25 Seminole

29 32795

30 Seminole

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERNER, RICHARD V
2756 DEERBERRY CT.
LONGWOOD FL 32779

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's signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME LERNER, RICHARD V
STREET ADDRESS 2756 DEERBERRY CT.
CITY-ST-ZIP LONGWOOD FL 32779

1.1 TITLE DPS ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE DT ☐ Change ☒ Addition
2.2 NAME LERNER, Norma G.
2.3 STREET ADDRESS 2756 Deer Berry Ct.
2.4 CITY-ST-ZIP Longwood, FL. 32779

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME PINGGIN, RANDALL M.
3.3 STREET ADDRESS 1614 ROBLE LANE
3.4 CITY-ST-ZIP DELTONA, FL. 32738

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Richard V. Lerner*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96
Date

(407) 333-3814
Daytime Phone #

CR2E034 (12/95)