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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000022399 (5)

1. Corporation Name  
IMPERIAL HOLDINGS, INC.



Principal Place of Business  
3260 S.E. DIXIE HIGHWAY  
STUART FL 34957

Mailing Address  
3260 S.E. DIXIE HIGHWAY  
STUART FL 34997-5239

3. Date Incorporated or Qualified 03/12/1996	3a. Date of Last Report
4. FEI Number 65-0655361	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
SUTER, JEFFREY J ESQ.  
400 AUSTRALIAN AVE. SOUTH  
SUITE 500  
W PALM BEACH FL 33401

10. Name and Address of New Registered Agent	
81 Name	Larry J. Suter
82 Street Address (P.O. Box Number is Not Acceptable)	3260 SE Dixie Hwy.
83	
84 City	Stuart, FL 85 Zip Code 34997

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 *Larry J. Suter* LARRY J. SUTER 2-28-97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Larry J. Suter
STREET ADDRESS		13 STREET ADDRESS	3260 SE Dixie Hwy.
CITY-ST-ZIP		14 CITY-ST-ZIP	Stuart, Fl. 34997
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Kenneth R Suter
STREET ADDRESS		23 STREET ADDRESS	3260 SE Dixie Hwy.
CITY-ST-ZIP		24 CITY-ST-ZIP	Stuart, Fl. 34997
TITLE	<input type="checkbox"/> DELETE	31 TITLE	Sec./Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Jeffrey J. Suter
STREET ADDRESS		33 STREET ADDRESS	400 Australian Ave. South, Ste 500
CITY-ST-ZIP		34 CITY-ST-ZIP	W. Palm Beach, Fl. 33401
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Larry J. Suter* LARRY J. SUTER 2/10/97 561-287-0007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)