

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

FILED

Feb 18 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 # F95000006290 (9)

1. Corporation Name  
ICI FUNDING CORPORATION



Principal Place of Business  
20371 IRVINE AVENUE  
SANTA ANA HEIGHTS CA 92707

Mailing Address  
20371 IRVINE AVENUE  
SANTA ANA HEIGHTS CA 92707-5651

3. Date Incorporated or Qualified 12/27/1995	3a. Date of Last Report 10/15/1996
4. FEI Number 33-0674495	Applied For 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 checked="" 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	28 Zip
24 Country	29 Country
25	30

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	VCD	<input type="checkbox"/> DELETE
NAME	TOMKINSON, JOSEPH R	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	VDD	<input type="checkbox"/> DELETE
NAME	ASHMORE, BILL R	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD J	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARTORANO, FRANK	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA 92707	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GLASS, MARY	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT & DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT & DIRECTOR	<input checked="" 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	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 and have been duly 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 on an attached sheet with an address.

SIGNATURE: \_\_\_\_\_ DATE: 2/11/97 DAYTIME PHONE #: (714) 556-0188

CR2E034 (9/96)