

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90009 013 ***550.00

0121133

CR2E034 (5/99)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F95000006290 ✓

1. Corporation Name
~~ICI FUNDING CORPORATION~~
IMPAC FUNDING CORPORATION

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1401 DOVE STREET Suite, Apt. #, etc. 22 100 City & State 23 NEWPORT BEACH, CA Zip 24 92660	2a. Mailing Address 26 1401 DOVE STREET Suite, Apt. #, etc. 27 100 City & State 28 NEWPORT BEACH, CA Zip 29 92660	Country 25 USA	Country 30 USA
---	--	--------------------------	--------------------------

3. Date incorporated or Qualified 12/27/1995	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 owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	TOMKINSON, JOSEPH R	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ASHMORE, BILL R	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNSON, RICHARD J	
STREET ADDRESS	20371 IRVINE AVENUE	
CITY-ST-ZIP	SANTA ANA HEIGHTS CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MORRISON, RONALD	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1401 DOVE STREET, #100
1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1401 DOVE STREET, #100
2.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1401 DOVE STREET, #100
3.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1401 DOVE STREET, #100
4.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1401 DOVE STREET, #100
5.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____