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Apr 25 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 # 249052 (2)  
1. Corporation Name  
AVCO FINANCIAL SERVICES OF HOLLYWOOD, FLA., INC.



Principal Place of Business  
800 ANTON BLVD  
COSTA MESA CA 92626-7147

Mailing Address  
800 ANTON BLVD  
COSTA MESA CA 92626-7147

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 P.O. Box 5011		07/04/1961	04/28/1996
22 City & State		27 ATTN: TAX DEPT.		4. FEI Number	Applied For
23 Zip		28 Costa Mesa, CA 92628-5011		95-6016928	Not Applicable
24 Country		29 Country		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	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES ST  
STE. 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, HERBERT F	1.2 NAME	
STREET ADDRESS	800 ANTON BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHIMBOR, MARK A	2.2 NAME	
STREET ADDRESS	800 ANTON BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITE, GARY	3.2 NAME	
STREET ADDRESS	800 ANTON BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUKOW, RONALD	4.2 NAME	
STREET ADDRESS	800 ANTON BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOARES, L B	5.2 NAME	
STREET ADDRESS	800 ANTON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	5.4 CITY-ST-ZIP	
TITLE	AVT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITZEL, THOMAS G	6.2 NAME	
STREET ADDRESS	800 ANTON BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report 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

4-11-97 (911) 445-7825

CR2E034 (9/96)