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Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 249052 (2)  
1. Corporation Name  
AVCO FINANCIAL SERVICES OF HOLLYWOOD, FLA., INC.



Principal Place of Business 600 ANTON BLVD COSTA MESA CA 92626-7147	Mailing Address P.O. BOX 5011 ATTN: TAX DEPT. COSTA MESA CA 92626-7147 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/04/1961	
21		26		4. FEI Number 95-6016928	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	30

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	600 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 checked="" type="checkbox"/> Addition
NAME	SCHIMBOR, MARK A	2.2 NAME	V/D STEPHEN D. BRANDON
STREET ADDRESS	600 ANTON BLVD	2.3 STREET ADDRESS	600 ANTON BLVD
CITY-ST-ZIP	COSTA MESA CA 92626-7147	2.4 CITY-ST-ZIP	COSTA MESA, CA 92626-7147
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITE, GARY	3.2 NAME	
STREET ADDRESS	600 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	600 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	600 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	600 ANTON BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	6.4 CITY-ST-ZIP	

14. I 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

HITZEL

2-2-98 (244)4251220

CR2E034 (10/97)