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Apr 28 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 # 343088

(1)

1. Corporation Name

AVCO PROFESSIONAL FUND, INC.

Principal Place of Business

600 ANTON BLVD.
COSTA MESA CA 92626-7147

Mailing Address

600 ANTON BLVD.
COSTA MESA CA 92626-7147

3. Date Incorporated or Qualified

05/01/1995

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 5011

Suite, Apt. #, etc.

27 ATTN: TAX DEPT.

City & State

28 Costa Mesa, CA 92628-5011

Zip

Country

29

30

4. FEI Number

95-2575949

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, HERBERT F	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FITE, GARY	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHIMBOR, MARK	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MARKS, J. H.	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SOARES, L B	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HITZEL, THOMAS G	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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	<input 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, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-97 (714) 445-7805

CR2E034 (9/96)