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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 818393

AVCO FINANCIAL SERVICES MANAGEMENT COMPANY

a de Brief de la lacema de la compania de la compa

Principal Place 800 ANTON BO COSTA MESA (NULEVARD	Mailing Address 600 ANTON BOULEVARD COSTA MESA CA 92626-7147						
					3. Date Incorporated or Qualified 01/04/1965	1	of Last 9/1996	Report
	lace of Business	2a. Mailing Address	<i>E</i> 011		4. FEI Number	1 01/6	1	Applied For
Suite, Apt	#, etc.	P.O. Box Suite, Apt. #, etc.			95-2420780 5. Certificate of Status Desired			Not Applicable Additional
22	,	27 ATTN: TX	tx C)EPT				Required
City & State	e	City & State Costa Mesa,	CA 9:	2628-5011	6. Election Campaign Financing Trust Fund Contribution			May Be
Zip	Country	Zip	Соц	intry	8. This corporation has liability for		ax under	
24	25	Declared Acent	30	T	Fiorida Statutes 10. Name and Address of New Re		No	
4 15 177	9. Name and Address of Current			81 Name	10, Italiie allo Addiess di Item Re	gistorou A	30111	
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET				82 Street Add	ress (P.O. Box Number is Not Accepta	hle)		
SUITE 105					ress (1 ,O. Box Number is Not Accepta			
TALL	LAHASSEE FL 32301			83				
				84 City		FL	85 Zış	p Code
office or re agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida, Such change was tions of, Section 607.0505, F	authorize Iorida Sta	d by the corporal tutes.	poration submits this statement for the tion's board of directors. I hereby acce	pt the appo	changing intment a	its registered is registered
12.	Signature, typed or printed name of registered agen OFFICERS AND		TE: Registere 13.	d Agent signature requ-	red when roustating) ADDITIONS/CHANGES TO OFFI	DATE CFRS AND	DIRECTO	ORS IN 12
TITLE	VT	DELETE	1.11	ITLE	7,0011011010111111111111111111111111111		Change	
NAME	BUKOW, RON		1.2 N	IAME				
STREET ADORESS	600 ANTON BLVD.		1.3 \$	TREET ADDRESS				
CITY-\$1-ZIP	COSTA MESA CA 92626-7147	Distre		ITY-ST-ZIP			Change	Addition
TITLE	P	☐ DELETE	2.1 T 2.2 N	ļ		l	Change	; L_J ADORIUI
NAME Street address	LYONS, W.R. 600 ANTON BLVD.			TREET ADDRESS				
CITY-ST-ZIP	COSTA MESA CA 92626-7147			CITY - ST - ZIP				
TITLE	V	☐ DELFTE	3.1 T				Change	Addition
NAME	BERTONI, R. I.		3.2 N	AME				
STREET ADDRESS	600 ANTON BLVD.			TREE I ADDRESS				
CITY-ST-ZIP TITLE	COSTA MESA CA 92626-7147	DELETE	3.4. 0 4.1 T	CITY - ST - ZIP			Change	e Addition
NAME	LYONS, W. R.	La Perent	H	NAME		•		
STREET ADDRESS			4.3 \$	TREE1 ADDRESS				
CITY-ST-ZIP	COSTA MESA CA 92626-7147		440	CITY-ST-ZIP				
TITLE	V	☐ DELETE	511	1		i	Change	e 🔲 Addition
NAME	HITZEL, T. G.			AME				
STREET ADDRESS	600 ANTON BLVD. COSTA MESA CA 92626-7147			STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP TITLE	V	☐ DELETE	611			. ,	Change	e 🔲 Addition
NAME	FITE, G. L.		62 N	IAME				
STREET ADDRESS	600 ANTON BLVD.		6.3 S	TREET ADDRESS				
CITY-ST-ZIP	COSTA MESA CA 92626-7147			DITY-ST-ZIP	11 A			-4 41-
14. I do herel	by certify that the information supplied on indicated on this annual report or si	with this hing does not qua	lify for the true and	e exemption state accurate and tha	d in Section 119.07(3)(i), Florida Statut at my signature shall have the same leg	es. I further al effect as	certify the	at the under oath; the

Information indicated on this aimbain report or supplicing name in report is true and accordic and that my signature shar have the same legal effect as it made under or law to a fifteen or director of the corporation or line reday or frustee proposed 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 altan ment with an address.

FILED

Apr 25 1997 8:00am

Secretary of State