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FILED

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 # F94000003106 (1)

1. Corporation Name

AVCO FINANCIAL SERVICES OF COLORADO, INC.

Principal Place of Business

600ANTON BOULEVARD  
COSTA MESA CA 92626-7147

Mailing Address

600ANTON BOULEVARD  
COSTA MESA CA 92626-7147

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

04/30/1996

4. FEI Number

84-0302309

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 P.O. Box 5011

27 Suite, Apt. #, etc.

28 City & State

Costa Mesa, CA 92628-5011

29 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 N. MAGNOLIA ST.  
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 P ☐ DELETE  
NAME SCHIMBOR, MARK A  
STREET ADDRESS 25 HACIENDAS ROAD  
CITY - ST - ZIP ORINDA CA 94563

TITLE VT ☐ DELETE  
NAME BUKOW, RONALD  
STREET ADDRESS 30342 VIA FESTIVO  
CITY - ST - ZIP SAN JUAN CAPISTRANO CA 92675

TITLE VSD ☐ DELETE  
NAME SMITH, HERBERT F  
STREET ADDRESS 19792 RIVERVIEW DRIVE  
CITY - ST - ZIP YORBA LINDA CA 92686

TITLE VASD ☐ DELETE  
NAME BRANDON, STEPHEN D  
STREET ADDRESS 687 S. PATHFINDER TRAIL  
CITY - ST - ZIP ANAHEIM HILLS CA 92807

TITLE D ☐ DELETE  
NAME FITE, GARY L  
STREET ADDRESS 16 CROSSCREEK  
CITY - ST - ZIP IRVINE CA 92714

TITLE V ☐ DELETE  
NAME FEE, EDITH M  
STREET ADDRESS 30981 HUNT CLUB DR.  
CITY - ST - ZIP SAN JUAN CAPISTRANO RI 92626-7147

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 supplement to 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

4-11-97 (714) 445-7805

Date Daytime Phone #

CR2E034 (9/96)