

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90061 005 ***150.00

DOCUMENT # **F94000003106**

1. Corporation Name

AVCO FINANCIAL SERVICES OF COLORADO, INC.



Principal Place of Business

**600 ANTON BOULEVARD
COSTA MESA CA 92626-7147**

Mailing Address

**P O BOX 5011
ATTN TAX DEPT
COSTA MESA CA 92628-011
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/14/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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 **SCHUTT, EUGENE R JR**
STREET ADDRESS **600 ANTON BLVD**
CITY-ST-ZIP **COSTA MESA CA 92626-7147**

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 **HITZEL, THOMAS G**
STREET ADDRESS **600 ANTON BLVD**
CITY-ST-ZIP **COSTA MESA FL 92626-7147**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **THOMAS R. SLOVE**
1.3 STREET ADDRESS **250 CARPENTER FWY.**
1.4 CITY-ST-ZIP **IRVING, TX 75062**

2.1 TITLE **VT** ☐ Change ☒ Addition
2.2 NAME **JOHN F. HUGHES**
2.3 STREET ADDRESS **250 CARPENTER FWY**
2.4 CITY-ST-ZIP **IRVING, TX 75062**

3.1 TITLE **S** ☐ Change ☒ Addition
3.2 NAME **PHYLLIS A. JOEST**
3.3 STREET ADDRESS **250 CARPENTER FWY.**
3.4 CITY-ST-ZIP **IRVING, TX 75062**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED HITZEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.15.99 (714) 435-1200

Date

Daytime Phone #

CR2E034 (1/1/98)