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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90061 006 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000004248

1. Corporation Name

AVCO MONEY BY MAIL, INC.

Principal Place of Business
600 ANTON BLVD
COSTA MESA CA 92626-7147
US

Mailing Address
P.O. BOX 5011
ATTN: TAX DEPT
COSTA MESA CA 92628-5011
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1994

4. FEI Number

33-0517791

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, 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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHUTT, EUGENE R JR	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BUKOW, RONALD	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FITE, GARY L	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HERBERT F	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERTONI, RICHARD I	
STREET ADDRESS	600 ANTON BLVD.	
CITY-ST-ZIP	COSTA MESA CA 92626-7147	
TITLE	VASD	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, STEPHEN D	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS R. SLONE	
1.3 STREET ADDRESS	250 CARPENTER FWY	
1.4 CITY-ST-ZIP	IRVING, TX 75062	
2.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS G. HITZEL	
2.3 STREET ADDRESS	600 ANTON BLVD.	
2.4 CITY-ST-ZIP	COSTA MESA, CA 92626	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PNVLLIS A. JOEST	
3.3 STREET ADDRESS	250 CARPENTER FWY.	
3.4 CITY-ST-ZIP	IRVING, TX 75062	
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 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 recorder 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: G. HITZEL

4.15.99 (714) 435-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)