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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 # F95000003324 (9)

1. Corporation Name
AVCO INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
600 ANTON BLVD COSTA MESA CA 92626-5011	600 ANTON BLVD COSTA MESA CA 92626-7147

3. Date Incorporated or Qualified: 07/11/1995
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21 18581 TELLER AVE
22 Suite, Apt. #, etc.
23 City & State: IRVINE, CA.
24 Zip: 92612 25 Country

2a. Mailing Address
26 P.O. BOX 19702
27 Suite, Apt. #, etc.: ATTN: TAX DEPT.
28 City & State: IRVINE, CA
29 Zip: 92623 30 Country

4. FEI Number: 33-0662492 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BRANDON, STEPHEN D		1.2 NAME		
STREET ADDRESS	600 ANTON BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA CA 92626-5011		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HERBERT F		2.2 NAME		
STREET ADDRESS	600 ANTON BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA CA 92626-5011		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPENCE, JOHN C		3.2 NAME		
STREET ADDRESS	18581 NTELLER AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA 92713-9702		3.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BUKOW, RONALD		4.2 NAME		
STREET ADDRESS	600 ANTON BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA CA 92626-5011		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FITE, GARY L		5.2 NAME		
STREET ADDRESS	600 ANTON BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	COSTA MESA CA 92626-5011		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] SIGNATURE REQUIRED 4-18-97 [illegible]