

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

FILED
May 29, 1999 8:00 am
Secretary of State

05-29-1999 90015 009 ***125.00
 05-29-1999 90015 010 ****25.00

0553649

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003324
 1. Corporation Name
AVCO INSURANCE AGENCY, INC.

Principal Place of Business 18581 TELLER AVE IRVINE CA 92612 US	Mailing Address P O BOX 19702 ATTN TAX DEPT IRVINE CA 92623 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/11/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 33-0662492
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23. Zip Country	28. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip Country	29. Zip Country	30. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BRANDON, STEPHEN D	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-5011	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SMITH, HERBERT F	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-5011	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SPENCE, JOHN C	
STREET ADDRESS	18581 NTELLER AVE	
CITY-ST-ZIP	IRVINE CA 92713-9702	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BUKOW, RONALD	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-5011	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FITE, GARY L	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626-5011	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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:  **T. G. HITZEL** 4.15.99 (714) 435-1200
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)