
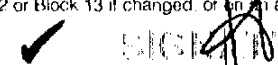


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # F96000001250 (7) 1. Corporation Name AVCO MORTGAGE CENTERS, INC.					
Principal Place of Business 600 ANTON BLVD COSTA MESA CA 92626			Mailing Address 600 ANTON BLVD COSTA MESA CA 92626-7147		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 P.O. Box 5011 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country		3. Date Incorporated or Qualified 03/11/1996 4. FEI Number 95-3750362 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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 85 Zip Code FL			
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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	SMITH, HERBERT F				
STREET ADDRESS	600 ANTON BLVD				
CITY-ST-ZIP	COSTA MESA CA 92626				
TITLE	DCV	<input type="checkbox"/> DELETE			
NAME	BRANDON, STEPHEN D				
STREET ADDRESS	600 ANTON BLVD				
CITY-ST-ZIP	COSTA MESA CA 92626				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	FITE, GARY L				
STREET ADDRESS	600 ANTON BLVD				
CITY-ST-ZIP	COSTA MESA CA 92626				
TITLE	P	<input type="checkbox"/> DELETE			
NAME	SCHIMBOR, MARK A				
STREET ADDRESS	600 ANTON BLVD				
CITY-ST-ZIP	COSTA MESA CA 92626				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	SOARES, LAILA B				
STREET ADDRESS	600 ANTON BLVD				
CITY-ST-ZIP	COSTA MESA CA 92626				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HITZEL, THOMAS G				
STREET ADDRESS	600 ANTON BLVD				
CITY-ST-ZIP	COSTA MESA CA 92626				
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 REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)

4-11-97 (714) 445-7805
Date Daytime Phone #