

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 008 ***150.00

DOCUMENT # F96000001250

1. Corporation Name

AVCO MORTGAGE CENTERS, INC.



Principal Place of Business

600 ANTON BLVD
COSTA MESA CA 92626

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

03/11/1996

4. FEI Number

95-3750362

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

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

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	DC	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HERBERT F	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	DCV	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, STEPHEN D	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FITE, GARY L	
STREET ADDRESS	600 ANTON BLVD	
CITY-ST-ZIP	COSTA MESA CA 92626	
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	S	<input checked="" 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	

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	JOHN F. HUGHES	
2.3 STREET ADDRESS	250 CARPENTER FWY	
2.4 CITY-ST-ZIP	IRVING, TX 75062	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHILLIS R. 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 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

4.15.99

(714) 435-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)