

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 25 1997 8:00am
Secretary of State

DOCUMENT # P05390

(0)

1. Corporation Name

AVCO LEASING SERVICES, INC.

Principal Place of Business

600 ANTON BLVD.
COSTA MESA CA 92626-7147

Mailing Address

600 ANTON BLVD.
COSTA MESA CA 92626-7147



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

P.O. Box 5011

ATTN: TAX DEPT.

Costa Mesa, CA 92628-5011

3. Date Incorporated or Qualified

03/22/1985

3a. Date of Last Report

04/29/1996

4. FEI Number

95-3205805

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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
NAME SCHIMBOR, MARK A
STREET ADDRESS 600 ANTON BLVD.
CITY-ST-ZIP COSTA MESA CA 92626-7147

TITLE VP
NAME HITZEL, T.G.
STREET ADDRESS 600 ANTON BLVD
CITY-ST-ZIP COSTA MESA CA 92626-7147

TITLE VCD
NAME FITE, GARY
STREET ADDRESS 600 ANTON BLVD.
CITY-ST-ZIP COSTA MESA CA 92626-7147

TITLE VSD
NAME SMITH, HERBERT F.
STREET ADDRESS 600 ANTON BLVD.
CITY-ST-ZIP COSTA MESA CA 92626-7147

TITLE V
NAME BUKOW, RON
STREET ADDRESS 600 ANTON BLVD.
CITY-ST-ZIP COSTA MESA CA 92626-7147

TITLE VP
NAME HITZEL, T.G.
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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

4-11-97 (714) 445-7815

CR2E034 (9/96)