

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 618849 (4)
 1. Corporation Name
EQUICREDIT CORPORATION OF FL.



Principal Place of Business 10401 DEERWOOD PARK BLVD LEGAL DEPT. JACKSONVILLE FL 32256 US	Mailing Address 10401 DEERWOOD PARK BLVD LEGAL DEPT. JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

3. Date Incorporated or Qualified 04/26/1979	
4. FEI Number 59-1924428	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
VETH, STEPHEN R.
10401 DEERWOOD PARK BLVD
LEGAL DEPT.
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name	James B. Dodd
82 Street Address (P.O. Box Number is Not Acceptable)	10401 Deerwood Park Blvd.
83	4th Floor - Legal Dept.
84 City	Jacksonville
85 Zip Code	FL 32256

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **James B. Dodd, Secretary** *[Signature]* DATE **1/21/98**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	VS	<input checked="" type="checkbox"/>
NAME	VETH, STEPHEN R.	
STREET ADDRESS	10401 DEERWOOD PARK BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	WALLACE, CHARLES H	
STREET ADDRESS	10401 DEERWOOD PARK BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VT	<input checked="" type="checkbox"/>
NAME	THOMAS, C. ANTOINE	
STREET ADDRESS	10401 DEERWOOD PARK BLVD	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	PD	<input checked="" type="checkbox"/>
NAME	LARSEN, JEFFREY C	
STREET ADDRESS	109 INDIAN COVE LN	
CITY - ST - ZIP	PUNTA VEDRA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	VANE, TERENCE G JR	
STREET ADDRESS	10150 BELLE RIVE BLVD #2303	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	President, CEO	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	Rodolfo F. Engmann		
1.3 STREET ADDRESS	4339 Blue Heron Drive		
1.4 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082		
2.1 TITLE	Executive Vice President	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Kenneth F. Jones		
2.3 STREET ADDRESS	101 Indian Cove Lane		
2.4 CITY - ST - ZIP	Ponte Vedra Beach, FL 32082		
3.1 TITLE	Secretary	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	James B. Dodd		
3.3 STREET ADDRESS	14282 Crystal Cove Drive S.		
3.4 CITY - ST - ZIP	Jacksonville, FL 32224		
4.1 TITLE	Treasurer	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	Michael E. Franz		
4.3 STREET ADDRESS	1769 Fiddlers Ridge Drive		
4.4 CITY - ST - ZIP	Jacksonville, FL 32256		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

CR2E034 (10/97)