

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000003021 (9)

1. Corporation Name
EQUIFIRST CORPORATION



Principal Place of Business
820 FOREST POINT CIRCLE CHARLOTTE NC 28273

Mailing Address
820 FOREST POINT CIRCLE CHARLOTTE NC 28273

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1997

4. FEI Number
56-1704428

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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

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	PCD	<input type="checkbox"/> DELETE
NAME	BRADLEY, CHARLES W	
STREET ADDRESS	9524 WHITETHORN DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	MOORE, HUGH C	
STREET ADDRESS	5423 PIPER GLEN DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUSH, F B	
STREET ADDRESS	4826 ADDISON DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ACUFF, JAMES L	
STREET ADDRESS	8655 WALSHAM DRIVE	
CITY-ST-ZIP	CHARLOTTE NC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VSD
2.3 STREET ADDRESS	Moore, Hugh C.
2.4 CITY-ST-ZIP	5423 Piper Glen Drive Charlotte, NC
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	Acuff, James L.
4.4 CITY-ST-ZIP	8655 Walsham Drive Charlotte, NC
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AT
5.3 STREET ADDRESS	Lewis, Angela P.
5.4 CITY-ST-ZIP	9120 C Nolley Court Charlotte, NC
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	800002588938
6.3 STREET ADDRESS	-07/14/98--01093--030
6.4 CITY-ST-ZIP	***150.00

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.

SIGNATURE _____

CR2E034 (5/98)

EquiFirst



EquiFirst Corporation
820 Forest Point Circle
Charlotte, NC 28273
(704) 679-4400
(704) 679-4535 Fax

July 7, 1998

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: 1998 Corporation Annual Report

Dear Division of Corporations:

Enclosed please find a completed 1998 Profit Corporation Annual Report for EquiFirst Corporation. This Annual Report, indicated as a "Second Notice", was received by our company today, July 7, 1998. Please note that EquiFirst has never received a "First Notice" of this report to be filed.

Per my conversation with your office today, a check in the amount of \$150.00 has been included for initial filing fees. As instructed by your office, I have submitted this letter as explanation for non-filing and deducted the penalty amount of \$400.00 for late filing.

If you have any questions regarding the enclosed report, please contact me at (704) 679-4349. Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script that reads "Karen L. Stacy".

Karen L. Stacy
Licensing/Compliance Division

Enclosure
cc: file