

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P36983 (5)**

1. Corporation Name
EQUICREDIT CORPORATION OF AMERICA



Principal Place of Business: **1801 ART MUSEUM DRIVE JACKSONVILLE FL 32207**
 Mailing Address: **1801 ART MUSEUM DRIVE JACKSONVILLE FL 32207**

3. Date Incorporated or Qualified: **01/06/1992**
 3a. Date of Last Report: **04/19/1995**
 4. FEI Number: **59-3080938**
 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

2. Principal Place of Business: **21 10401 Deerwood Park Blvd.**
 Suite, Apt. #, etc.
22 Legal Department
 City & State:
23 Jacksonville, FL
 Zip: **24 32256** Country: **25 Duval**
 2a. Mailing Address: **26 10401 Deerwood Park Blvd.**
 Suite, Apt. #, etc.
27 Legal Department
 City & State:
28 Jacksonville, FL
 Zip: **29 32256** Country: **30 Duval**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VETH, STEPHEN R.
1801 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

81 Name:
 82 Street Address (P.O. Box Number is Not Acceptable):
10401 Deerwood Park Blvd.
 83 City:
Legal department
 84 City:
Jacksonville FL 85 Zip Code:
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature for person who is registered with the state

Name of Registered Agent (if different from above)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAYT, JOHN T.	
STREET ADDRESS	1169 QUEENS HARBUR BLVD.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALLACE, CHARLES H., JR.	
STREET ADDRESS	9931 BLAKEFORD MILL RD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, JOHN C.	
STREET ADDRESS	12018 CRANFOOT DRIVE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	VETH, STEPHEN R.	
STREET ADDRESS	6858 MADRID AVENUE	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, JOHN R.	
STREET ADDRESS	9 ARBOR CLUB DR, #213	
CITY-STATE-ZIP	PONTE VEDRA BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HALEY, BARBARA B.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY-STATE-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
21 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE	V/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE	V/S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	John P. Silsby, II	
53 STREET ADDRESS	1531 Halliday Lane South	
54 CITY-STATE-ZIP	Jacksonville, FL 32207	
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	Lee H. Chaplin, Jr.	
63 STREET ADDRESS	155 Coastal Oaks Circle	
64 CITY-STATE-ZIP	Pt. Vedra Beach, FL 32082	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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: By: *Stephen R. Veth* **Stephen R. Veth, Sr. Vice President** 2/29/96 904-987-5000
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)