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**Jan 31 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P36983 (5)
1. Corporation Name
EQUICREDIT CORPORATION OF AMERICA



Principal Place of Business Mailing Address
**10401 DEERWOOD PARK BLVD
LEGAL DEPARTMENT
JACKSONVILLE FL 32256
US**

3. Date Incorporated or Qualified **01/06/1992** 3a. Date of Last Report **03/08/1996**

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

4. FEI Number **59-3080938** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and the date, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HAYT, JOHN T.	1.2 NAME	Jeffrey C. Larsen
STREET ADDRESS	1169 QUEENS HARBUR BLVD.	1.3 STREET ADDRESS	109 Indian Cove Lane
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Pt. Vedra Bch., FL 32082
TITLE	VD	2.1 TITLE	
NAME	WALLACE, CHARLES H., JR.	2.2 NAME	
STREET ADDRESS	9831 BLAKEFORD MILL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	HARRIS, JOHN C.	3.2 NAME	
STREET ADDRESS	12018 CRANEFoot DRIVE	3.3 STREET ADDRESS	1901 N. 1st Street #1006
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	VSD	4.1 TITLE	
NAME	VETH, STEPHEN R.	4.2 NAME	
STREET ADDRESS	6858 MADRID AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	SILSBY, JOHN P. II	5.2 NAME	
STREET ADDRESS	1531 HALLIDAY LANE SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CHAPLIN, LEE H.	6.2 NAME	Terence G. vane, Jr.
STREET ADDRESS	155 COASTAL OAKS CIRCLE	6.3 STREET ADDRESS	10150 Belle Rive Blvd. #2303
CITY-ST-ZIP	PONTE VEDRA BEACH FL	6.4 CITY-ST-ZIP	Jacksonville, FL 32256

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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: By: Charles H. Wallace, Jr., Executive Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **01/15/97** Group No. **904-987-5000**

CR2E034 (9/96)