

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Bandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36983 (5)
 1. Corporation Name
EQUICREDIT CORPORATION OF AMERICA



Principal Place of Business 10401 DEERWOOD PARK BLVD LEGAL DEPARTMENT 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

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/06/1992	
4. FEI Number 59-3080938		Applied For 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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8.	

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 FL 85 Zip Code 32256			
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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 **James B. Dodd, Secretary** (NOTE: Registered Agent signature required when reinstating) DATE **1/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President, CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, JEFFREY	1.2 NAME	Rodolfo F. Engmann
STREET ADDRESS	109 INDIAN COVE LANE	1.3 STREET ADDRESS	4339 Blue Heron Drive
CITY-ST-ZIP	PT VEDRA BEACH FL	1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, CHARLES H., JR.	2.2 NAME	Kenneth F. Jones
STREET ADDRESS	9931 BLAKEFORD MILL RD	2.3 STREET ADDRESS	101 Indian Cove Lane
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, JOHN C.	3.2 NAME	James B. Dodd
STREET ADDRESS	1801 N 1ST ST #1008	3.3 STREET ADDRESS	14282 Crystal Cove Drive S.
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	Jacksonville, FL 32224
TITLE	VSD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VETH, STEPHEN R.	4.2 NAME	Michael E. Franz
STREET ADDRESS	8858 MADRID AVENUE	4.3 STREET ADDRESS	1769 Fiddlers Ridge Drive
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANE, TERENCE G JR	6.2 NAME	
STREET ADDRESS	10150 BELLE RIVE BLVD #2303	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	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)(l), 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: **James B. Dodd, Secretary** (Signature and typed or printed name of signing officer or director) Date **1/21/98** 904-987-5004

CR2E034 (10/97)