

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90139 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36983

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 DEPARTMENT JACKSONVILLE FL 32256 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/03/1992	4. FEI Number 59-3080938	Applied For No Applicable
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip	28. Zip	29. Country	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent JAMES B. DODD 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
		85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.0507 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGSMANN, RODOLFO F	1.2 NAME	President
STREET ADDRESS	4339 BLUE HERON DR.	1.3 STREET ADDRESS	1021 Sorrento Rd.
CITY-ST-ZIP	PT VEDRA BEACH FL 32082	1.4 CITY-ST-ZIP	Jacksonville, FL 32207
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH F. JONES	2.2 NAME	
STREET ADDRESS	101 INDIAN COVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT. VEDRA BCH. FL 32082	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES B. DODD	3.2 NAME	
STREET ADDRESS	14282 CRYSTAL COVE DR. S.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL E. FRANZ	4.2 NAME	
STREET ADDRESS	1769 FIDDLERS RIDGE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JAMES B. DODD, SECRETARY** 04/28/99 (904) 457-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)