**FILED** 

Apr 29, 1999 8:00 am Secretary of State

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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P36983

1. Corporation Name

## **EQUICREDIT CORPORATION OF AMERICA**

Principal Flace	e of Business	Mailing Address					l				Dibli Bleil Gleil S	1001 B)B\$1 (B8)
10401 DEEFWOOD PARK BLVD		10401 DEERWOOD PARK BLVD			1							
LEGAL DEPARTMENT		LEGAL DEPARTMENT										
JACKSONVILLE FL 32256		JACKSONVILLE FL 32256			_	DO NOT WRITE IN THIS SPACE						
US		US						Incorporated or	r Qualifed			
								06/1992				
2. Principal P	lace of Business	2a. Mailing Address				-	4. FEI N					olied For
21		26					59-3	3 <u>080938                                  </u>				Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certif	cate of Status	Desired		\$8.75 A	
22 City 8 City 9		27										
City & State		City & State			1		ion Campaign F	•		\$5.00		
Zip Country		Zip Country				Trust Fund Contribution Added to Fees						
		29 30		iiu y		<ol> <li>This corporation owes the cur Personal Property Tax.</li> </ol>			rrent year intangible ☐ Yes ☐ No			
24	9. Name and Address of Current	<del></del>	<u> 30 </u>					e and Address		Registere		
·····	5. Name and Address of Current	. Augistorea Agent		81	Name							
JAMI	ES B. DODD		ļ									
10401 DEERWOOD PARK BLVD				82	Street	Address	(P.O. Bo	ox Number is N	lot Accepta	able)		
LEG	AL DEPT.			83								
JACKSONVILLE FL 32256												
				84	City					FI	85 Zip (	ode
11 Dureunot	to the provisions of Sections 607.050%	and 607 1508 Florida Statu	tes the al	nove.	named	cornora	tion subm	nits this stateme	ent for the			egistered
office or n	egistered agent or hoth in the State (	if Florida. Such change was :	authonzed	bv t	he corpo	or ation's	board of	f-tirectors. I he	reby acce	pt the app	ointment as re	istered
agent. I a	m familiar with, and a cept the obligat	ions of, Section 607.0505, Fil	onda Stati	ites.								
SIGNATURE	Signature, typed or printed ni me of registered agen	and title if annticable (NO)	E: Registered	Agent	sionature ri	rea ured wh	en reinstelin	<u> </u>		DATE		]
12.	OFFICERS AN		13.	Agont	aignatoro			I-)NS/CHANGE	ES TO OF		ND DIRECTO	RS IN 12
TITLE	P		1.1 TIT	LE		Broo	siden				☐ Change	Addition
NAME	ENGMANN, RODOLFO F		1.2 NA	ME				M. ROSS				
STREET ADOR: SS	4339 BLUE HERON DR.		13 ST		ADDRESS				,			
CITY-ST-ZIP	PT VEDRA BEACH FL 32082			REET /		ロコロス	Sor	rento Ro	1_			
TITLE					.7IP	I		rento Ro ille, FL		07		
			1.4 CIT	Y-ST-	ZIP	I		rento Ro ille, FL		:07	☐ Change	Addition
NAME	EVP	☐ DELETE	1.4 CiT	Y-ST-	ZIP	I				:07	Change	☐ Addition
NAME STREET ADDRESS	EVP KENNETH F. JONES	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	TY-ST- LE ME		I				:07	☐ Change	Addition
STREET ADDRESS	EVP KENNETH F. JONES 101 INDIAN COVE LANE	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 ST	TY-ST- LE JME REET	ADDRESS	I				:07	☐ Change	Addition
	EVP KENNETH F. JONES	☐ DELETE	1.4 CIT 2.1 TIT 2.2 NA	TY-ST- TLE IME REET /	ADDRESS	I					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	EVP KENNETH F. JONES 101 INDIAN COVE LANE PT. VEDRA BCH. FL 32082 S		1.4 C/I 2.1 TIT 2.2 NA 2.3 ST 2.4 C/I	TY-ST- TLE UME REET / TY-ST LE	ADDRESS	I						
STREET ADDRESS CITY-ST-ZIP TITLE NAME	EVP KENNETH F. JONES 101 INDIAN COVE LANE PT. VEDRA BCH. FL 32082 S JAMES B. DODD		1.4 Cm 2.1 TiT 2.2 NA 2.3 ST 2.4 Ci 3.1 TiT 3.2 NA	TY-ST- TLE LME REET / TY-ST TLE	ADDRESS - ZIP	I						
STREET ADDR! SS CITY-ST-ZIP TITLE NAME STREET ADDR! SS	EVP KENNETH F. JONES 101 INDIAN COVE LANE PT. VEDRA BCH. FL 32082 S JAMES B. DODD 14282 CRYSTAL COVE DR. S.		1.4 Cm 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST	TY-ST- TLE ME REET / TY-ST TLE ME REET /	ADDRESS - ZIP - ADDRESS	I						
STREET ADDRESS CITY-ST-ZIP TITLE NAME	EVP KENNETH F. JONES 101 INDIAN COVE LANE PT. VEDRA BCH. FL 32082 S JAMES B. DODD		1.4 Cm 2.1 TiT 2.2 NA 2.3 ST 2.4 Ci 3.1 TiT 3.2 NA	TY-ST- TLE  ME  REET / TY-ST  LE  ME  REET / TY-ST	ADDRESS - ZIP - ADDRESS	I						
STREET ADDRI SS CITY-ST-ZIP TITLE NAME STREET ADDRI SS CITY-ST-ZIP TITLE	EVP KENNETH F. JONES 101 INDIAN COVE LANE PT. VEDRA BCH. FL 32082 S JAMES B. DODD 14282 CRYSTAL COVE DR. S. JACKSONVILLE FL 32224 T	□ OÉLETE	1.4 CH 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI	TY-ST- TLE  ME  TY-ST  LE  ME  REET / TY-ST  LE  TY-ST	ADDRESS - ZIP - ADDRESS	I					☐ Change	☐ Addition
STREET ADDRI SS CITY-ST-ZIP TITLE NAME STREET ADDRI SS CITY-ST-ZIP TITLE NAME	EVP KENNETH F. JONES 101 INDIAN COVE LANE PT. VEDRA BCH. FL 32082 S JAMES B. DODD 14282 CRYSTAL COVE DR. S. JACKSONVILLE FL 32224 T MICHAEL E. FRANZ	□ OÉLETE	1.4 CIT 2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA 3.3 ST 3.4 CI 4.1 TIT 4.2 NV	TY-ST- TLE  ME  REET / TY-ST  REET / TY-ST  TLE  AME	ADDRESS - ZIP - ADDRESS - ZIP	I					☐ Change	☐ Addition
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14. I heret y certify that the informa ion 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 signat are 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 a sattactiment with an address, with all other like empowered.

JAMES B. DODD, SECRETARY SIGNATURE: NAME OF SIGNING OFFICE? OR DIRECTOR

04/28/99 (904) 457-5004