

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 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 # P94000017616 (1)
1. Corporation Name
EQUICREDIT CORPORATION/ALA. & MISS.



| | |
|---|--|
| Principal Place of Business 10401 DEERWOOD PARK BLVD. JACKSONVILLE FL 32256 | Mailing Address P.O. BOX 53077 JACKSONVILLE FL 32201 |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|---------------------------------------|-------------------------------|
| 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 Zip | 25 Country |
| 29 Zip | 30 Country |

| | |
|---|---|
| 3. Date Incorporated or Qualified 03/07/1994 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3230461 | 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 |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|----------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LARSEN, JEFFERY C | |
| STREET ADDRESS | 10401 DEERWOOD PARK BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | WALLACE, JR. C | |
| STREET ADDRESS | 10401 DEERWOOD PARK BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | VETH, STEPHEN R. | |
| STREET ADDRESS | 10401 DEERWOOD PARK BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | TVP | <input type="checkbox"/> DELETE |
| NAME | ANTOINE, THOMAS C | |
| STREET ADDRESS | 10401 DEERWOOD PARK BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HAYT, JOHN T | |
| STREET ADDRESS | 10401 DEERWOOD PARK BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32256 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|------------------------------------|--|
| 1.1 TITLE | President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Rodolfo Engmann | |
| 1.3 STREET ADDRESS | 10401 Deerwood Park Blvd. | |
| 1.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| 2.1 TITLE | Executive Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Kenneth Jones | |
| 2.3 STREET ADDRESS | 10401 Deerwood Park Blvd. | |
| 2.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| 3.1 TITLE | Vice President/DIRECTOR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Terence G. Vane, Jr. | |
| 3.3 STREET ADDRESS | 10401 Deerwood Park Blvd. | |
| 3.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| 4.1 TITLE | Vice President/Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Michael Franz | |
| 4.3 STREET ADDRESS | 10401 Deerwood Park Blvd. | |
| 4.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| 5.1 TITLE | Sr. Vice President/Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Terence G. Vane, Jr. | |
| 5.3 STREET ADDRESS | 10401 Deerwood Park Blvd. | |
| 5.4 CITY-ST-ZIP | Jacksonville, FL 32256 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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 recipient 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: *Terence G. Vane, Jr.* President 8/7/97 904-987-5000

CR2E034 (4/97)