FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **618849** **(4)**

1. Corporation Name
EQUICREDIT CORPORATION OF FL.

Principal Place of Business
% VETH, STEPHEN
1801 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

Mailing Address
% VETH, STEPHEN
1801 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 04/26/1979
3a. Date of Last Report: 04/19/1995

2. Principal Place of Business
21 10401 Deerwood Park Blvd.
Suite, Apt. #, etc.
22 Legal Department
City & State
23 Jacksonville, FL
Zip 24 32256 Country 25 Duval

2a. Mailing Address
26 10401 Deerwood Park Blvd.
Suite, Apt. #, etc.
27 Legal Department
City & State
28 Jacksonville, FL
Zip 29 32256 Country 30 Duval

4. FEI Number: 59-1924428 [ ] 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 [X] Yes [ ] No

9. Name and Address of Current Registered Agent
VETH, STEPHEN R.
1801 ART MUSEUM DRIVE
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 10401 Deerwood Park Blvd.
83 Legal Department
84 City Jacksonville FL 85 Zip Code 32256

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 _____

12. OFFICERS AND DIRECTORS

TITLE	VSD	[ ] DELETE
NAME	VETH, STEPHEN R.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	[ ] DELETE
NAME	HAYT, JOHN T.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	[ ] DELETE
NAME	WALLACE, CHARLES H	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AT	[X] DELETE
NAME	TERRELL, LYNN M.	
STREET ADDRESS	1801 ART MUSEUM DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	10401 Deerwood Park blvd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32256	
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	10401 Deerwood Park Blvd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32256	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	10401 Deerwood Park Blvd.	
3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
4.1 TITLE	V/T	[ ] Change [X] Addition
4.2 NAME	Thomas C. Antoine	
4.3 STREET ADDRESS	10401 Deerwood Park Blvd.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32256	
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(w), 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: Stephen R Veth Stephen R. Veth, Sr. Vice President 2/29/96 904-987-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #