

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

FILED
Feb 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 618849 (4)
1. Corporation Name
EQUICREDIT CORPORATION OF FL.



Principal Place of Business 10401 DEERWOOD PARK BLVD LEGAL DEPT. 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 04/26/1979 4. FEI Number 59-1924428 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	
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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE 1/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VS NAME VETH, STEPHEN R. STREET ADDRESS 10401 DEERWOOD PARK BLVD CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President, CEO 1.2 NAME Rodolfo F. Engmann 1.3 STREET ADDRESS 4339 Blue Heron Drive 1.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME WALLACE, CHARLES H STREET ADDRESS 10401 DEERWOOD PARK BLVD CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Executive Vice President 2.2 NAME Kenneth F. Jones 2.3 STREET ADDRESS 101 Indian Cove Lane 2.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VT NAME THOMAS, C. ANTOINE STREET ADDRESS 10401 DEERWOOD PARK BLVD CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Secretary 3.2 NAME James B. Dodd 3.3 STREET ADDRESS 14282 Crystal Cove Drive S. 3.4 CITY-ST-ZIP Jacksonville, FL 32224	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME LARSEN, JEFFREY C STREET ADDRESS 109 INDIAN COVE LN CITY-ST-ZIP PUNTA VEDRA BEACH FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer 4.2 NAME Michael E. Franz 4.3 STREET ADDRESS 1769 Fiddlers Ridge Drive 4.4 CITY-ST-ZIP Jacksonville, FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME VANE, TERENCE G JR STREET ADDRESS 10150 BELLE RIVE BLVD #2303 CITY-ST-ZIP JACKSONVILLE FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)