

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 19 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001376 (3)

1. Corporation Name

EQCC ASSET BACKED CORPORATION

Principal Place of Business

C/O EQUICREDIT CORP.
1801 ART MUSEUM DRIVE
JACKSONVILLE FL 32207-2597
US

Mailing Address

C/O EQUICREDIT CORP.
1801 ART MUSEUM DRIVE
JACKSONVILLE FL 32207-2597
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/19/1993	3a. Date of Last Report 04/22/1994
4. FEI Number 59-3170052	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. 100.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
FL
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	VETH, STEPHEN R	1.2 NAME	
STREET ADDRESS	C/O 1801 ART MUSEUM DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207-2597	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	☐ Change ☐ Addition
NAME	MARSHALL, JOHN R.	2.2 NAME	
STREET ADDRESS	1801 ART MUSEUM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, JOHN C	3.2 NAME	
STREET ADDRESS	C/O 1801 ART MUSEUM DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207-2597	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ANDRADE, C. ROBERTO	4.2 NAME	
STREET ADDRESS	1801 ART MUSEUM DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CARTY, HUGH L.	5.2 NAME	
STREET ADDRESS	1801 ART MUSEUM DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R. Veth, Sr. VP

4-5-95 904-398-7581

Date

Signature Therein