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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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**EQCC RECEIVABLES CORPORATION** 

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| Principal Place of Business Mailing Address   |   |              |  |               |                       |                        |             |   |        |                          | I 194190 114 (GIAD UNI BRILL B |  |  |
|---|---|--------------|--|---------------|-----------------------|------------------------|-------------|---|--------|--------------------------|--|--|--|
| 10401 DEERWOOD PARK BLVD LEGAL DEPARTMENT   |   |              |  |               |                       |                        |             |   |        |                          |  |  |  |
| JACKSONVILLE FL 32256   |   |              |  |               | P.O. BOX 53077        |                        |             |   |        |                          | DO NOT WRITE IN THIS SPACE   |  |  |
| US  |   |              |  |               | JACKSONVILLE FL 32201 |                        |             |   |        |                          | 3. Date Incorporated or Qualified  |  |  |
|   |   |              |  |               |                       |                        |             |   |        |                          | 03/19/1993   |  |  |
| 9   | Principal Pl  | ace of Busin | ASS                                    |               | 28.                   | Mailing Address        | <del></del> |   |        |                          | 4. FEI Number Applied For  |  |  |
| 21  | '   |              |  | }             | 26                    |                        |             |   |        |                          | 59-3170055 Not Applicable  |  |  |
|   | Suite, Apt. #, etc.   |              |  |               | Suite, Apt. #, etc.   |                        |             |   | ·····  |                          | SR.75 Additional   |  |  |
| 22  |   |              |  | Ì             | 27                    |                        |             |   |        |                          | 5. Certificate of Status Desired Fee Required  |  |  |
| <u> </u>  | City & State  |              |  |               | City & State          |                        |             |   |        |                          | 6. Election Campaign Financing \$5.00 May Be   |  |  |
| 23  | 23  |              |  |               | 28                    |                        |             |   |        |                          | Trust Fund Contribution Added to Fees  |  |  |
|   | Zip Country   |              |  |               | Zip Country           |                        |             |   |        |                          | 8. This corporation owes or has paid the current year Intangible   |  |  |
| 24  |   | 25 29        |  |               |                       |                        | 30          |   |        |                          | Personal Properly Tax due June 30.  Yes No   |  |  |
| L   |   |              |  | of Current R  | egis                  | tered Agent            | ····        | 81  |        |                          | 10. Name and Address of New Registered Agent   |  |  |
|   |   |              | PATION SYS                             |               |                       |                        |             | ы   | Nam    | ₿                        |  |  |  |
| 1200 SOUTH PLINE ISLAND ROAD  |   |              |  |               | ļ                     |                        |             | 82 Street Address (P.O. Box Number is Not Acceptable) |        |                          |  |  |  |
| - PLANTATION FL 33324   |   |              |  |               |                       |                        |             | 83  | 00     |                          |  |  |  |
| Į   |   |              |  |               |                       |                        |             | 63  |        |                          |  |  |  |
|   |   |              |  |               |                       |                        |             | 64  | City   |                          | FL 85 Zip Code   |  |  |
|   | 4 Physician I   | a tha moudo  | ions of Costin                         | 00 CO7 0600 0 | 54 G                  | 07 1609 Florida Clatul | or the s    | L   | 1.02m  | d corne                  | poration submits this statement for the purpose of changing its registered   |  |  |
| '   | 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 agont, 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. |              |  |               |                       |                        |             |   |        |                          |  |  |  |
|   | agent. Lam familiar with, and accept the obligations of, Section 607.0505, Fforida Statutes.  |              |  |               |                       |                        |             |   |        |                          |  |  |  |
| SIGNATURE Signature, typod or printed narive of registered agent and title if applicable (NOTE: Registered Agent signature required when remistating)  DATE |   |              |  |               |                       |                        |             |   |        |                          | rod when ro-nstating) DATE   |  |  |
| 12. OFFICERS AND DIRECTORS  |   |              |  |               |                       |                        | 13.         | 13.   |        |                          | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TI  | TLE   | PD           |  |               |                       | <b>™</b> DELETE        | 1.1 7       | ITLE  |        | Pre                      | resident Change 🔀 Addition   |  |  |
| N/  | NAME VETH, STEPHEN R.   |              |  |               |                       |                        |             |   |        | Roc                      | odolfo F. Engmann  |  |  |
| SI  | REET ADDRESS  |              |  | PARK BLVD     | )                     |                        | 1.3 \$      | TREET   | ADDRES | 104                      | 0401 Deerwood Park Blvd.   |  |  |
| CI  | TY-ST-ZIP   |              | ONVILLE FL                             |               |                       |                        | 1.4 0       | ITY-S   | T-71P  |                          | acksonville, FL 32256  |  |  |
| Ti  | TLE   | VPTD         |  |               |                       | X DELETE               | 2.1 7       | ITLE  |        |                          | ice President/Treasurer Change X Addition  |  |  |
| N/  | AME   |              | P. SILSBY, II                          |               |                       |                        | 2.2 N       | AME   |        |                          | ichael E. Franz  |  |  |
| STREET ADDRESS 10401 DEERWOOD PARK  |   |              | PARK BLVD                              |               |                       |                        | L           |   | L      | 0401 Deerwood Park Blvd. |  |  |  |
| -   | CITY-ST-ZIP JACKSONVILLE FL   |              |  |               |                       |                        |             |   |        | •                        | acksonville, FL 32256  |  |  |
| Ti  | TLE   | VSD          |  |               |                       | ☐ DELETE               | 3.1 T       |   |        | Vi                       | ice riesident  |  |  |
| 1   | VME   |              | S, JOHN C                              | PARK BLVD     |                       |                        | 3.2 N       |   |        |                          | ohn D. Evans, Jr.  |  |  |
| 1   | REET ADDRESS  |              | ONVILLE FL                             | TANN DLVU     | ,                     |                        |             |   | ADDRES |                          | 0401 Deerwood Park Blvd.   |  |  |
| <del></del>   | TY-ST-ZIP   | D            | OUANITE LT                             |               |                       | X DELETE               |             |   | S1-ZIP |                          | acksonville, FL 32256  |  |  |
| -   | TLE   | _            | DE, C. ROB                             | FRTO          |                       | (V) ACCUL              | 4.1 T       | NAME  |        |                          | ark A. Ferrucci  |  |  |
| 1   | WE  |              |  | PARK BLVD     |                       |                        |             |   | *DDDC0 |                          | 0401 Deerwood Park Blvd.   |  |  |
| 1   | REET ADDRESS  |              | ONVILLE FL                             | I WIN DEAD    | ,                     |                        |             |   | ADDRES |                          | acksonville, FL 32256  |  |  |
|   | TY-ST-ZIP   | D            | VITTILLE I'L                           |               |                       | DELETE                 | 5.1 3       |   | T-71P  | Jac                      | acksonville, FL 32236 Change Addition  |  |  |
| ſ   | TLE [   |              | er, robert                             | · C           |                       | E pereut               | 5.2 N       |   |        |                          |  |  |  |
|   | AME   |              |  | PARK BLVD     | •                     |                        |             |   | ADDRES | ,                        |  |  |  |
| 1   | REET ADDRESS  |              | ONVILLE FL                             | I MIIIN DEVD  | ,                     |                        |             |   |        | <b>'</b>                 |  |  |  |
| $\overline{}$   | TY-ST-ZIP<br>TLE  | VACIO        | ************************************** |               |                       | DELETE                 | 6.1 T       |   | T-ZIP  |                          | ☐ Change ☐ Addition  |  |  |
| ŀ   | AME   |              |  |               |                       |                        | 6.2 N       |   |        |                          |  |  |  |
| i   | rreet address   |              |  |               |                       |                        |             |   | ADDRES | ,                        | ``   |  |  |
|   | TY-ST-ZIP   |              |  |               |                       |                        |             |   | 7-ZIP  |                          | ~  |  |  |
| I.VI  | 11-31-41 1  | _            |  |               |                       |                        |             |   |        |                          |  |  |  |

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 of on an attachment with an address.

**FILED** 

Feb 06 1998 8:00am

Secretary of State