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May 01 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 # P38225 (9)

1. Corporation Name
EMERGENT BUSINESS CAPITAL, INC.

Principal Place of Business

Mailing Address

15 S MAIN ST
SUITE 750
GREENVILLE SC 29601
US

P. O. BOX 17526
GREENVILLE SC 29606-8526
US



3. Date Incorporated or Qualified
04/07/1992

3a. Date of Last Report
05/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CO	<input type="checkbox"/> DELETE
NAME	GIDDENS, KEITH B	
STREET ADDRESS	15 S MAIN STREET, SUITE 750	
CITY-ST-ZIP	GREENVILLE S	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BICKLEY, JOHN A.	
STREET ADDRESS	15 S. MAIN STREET, SUITE 750	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	TVSD	<input type="checkbox"/> DELETE
NAME	MAST, KEVIN J	
STREET ADDRESS	15 S. MAIN STREET, SUITE 750	
CITY-ST-ZIP	GREENVILLE S.	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERLING, JOHN M	
STREET ADDRESS	15 S MAIN #750	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT	
STREET ADDRESS	15 S MAIN #750	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHUSTER, DERYL K.	
STREET ADDRESS	15 S MAIN STREET, SUITE 750	
CITY-ST-ZIP	GREENVILLE S	

11 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	A. Scott Lining	
13 STREET ADDRESS	15 S. Main St., Suite 750	
14 CITY-ST-ZIP	Greenville, SC 29601	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Russel T. Williams	
6.3 STREET ADDRESS	15 S. Main St., Suite 750	
6.4 CITY-ST-ZIP	Greenville, SC 29601	

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 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:

[Signature]
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97
Date

864-232-6197
Daytime Phone #

0010875

CR2E034 (9/96)