

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 19 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000017616 (1)**
 1. Corporation Name
EQUICREDIT CORPORATION/ALA. & MISS.



Principal Place of Business 10401 DEERWOOD PARK BLVD. JACKSONVILLE FL 32256	Mailing Address P.O. BOX 53077 JACKSONVILLE FL 32201
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/07/1994	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 59-3230461	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	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	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, JEFFERY C	1.2 NAME	Rodolfo Engmann
STREET ADDRESS	10401 DEERWOOD PARK BLVD.	1.3 STREET ADDRESS	10401 Deerwood Park Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32256	1.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, JR. C	2.2 NAME	Kenneth Jones
STREET ADDRESS	10401 DEERWOOD PARK BLVD.	2.3 STREET ADDRESS	10401 Deerwood Park Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	Vice President/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VETH, STEPHEN R.	3.2 NAME	Terence G. Vane, Jr.
STREET ADDRESS	10401 DEERWOOD PARK BLVD.	3.3 STREET ADDRESS	10401 Deerwood Park Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32256	3.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	TVP <input type="checkbox"/> DELETE	4.1 TITLE	Vice President/Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTOINE, THOMAS C	4.2 NAME	Michael Franz
STREET ADDRESS	10401 DEERWOOD PARK BLVD.	4.3 STREET ADDRESS	10401 Deerwood Park Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32256	4.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Sr. Vice President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYT, JOHN T	5.2 NAME	Terence G. Vane, Jr.
STREET ADDRESS	10401 DEERWOOD PARK BLVD.	5.3 STREET ADDRESS	10401 Deerwood Park Blvd.
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 recipient 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 my address.

SIGNATURE: By: *Terence G. Vane, Jr.* President 8/7/97 904-987-5000

CR2E034 (4/97)