

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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/07/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
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4. FEI Number <b>59-3230461</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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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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2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. **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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **LARSEN, JEFFERY C**  
STREET ADDRESS **10401 DEERWOOD PARK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VD** ☐ DELETE

NAME **WALLACE, JR. C**  
STREET ADDRESS **10401 DEERWOOD PARK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **VSD** ☐ DELETE

NAME **VETH, STEPHEN R.**  
STREET ADDRESS **10401 DEERWOOD PARK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **TVP** ☐ DELETE

NAME **ANTOINE, THOMAS C**  
STREET ADDRESS **10401 DEERWOOD PARK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **D** ☐ DELETE

NAME **HAYT, JOHN T**  
STREET ADDRESS **10401 DEERWOOD PARK BLVD.**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Rodolfo Engrann**  
1.3 STREET ADDRESS **10401 Deerwood Park Blvd.**  
1.4 CITY-ST-ZIP **Jacksonville, FL 32256**

2.1 TITLE **Executive Vice President** ☒ Change ☐ Addition

2.2 NAME **Kenneth Jones**  
2.3 STREET ADDRESS **10401 Deerwood Park Blvd.**  
2.4 CITY-ST-ZIP **Jacksonville, FL 32256**

3.1 TITLE **Vice President/DIRECTOR** ☒ Change ☐ Addition

3.2 NAME **Terence G. Vane, Jr.**  
3.3 STREET ADDRESS **10401 Deerwood Park Blvd.**  
3.4 CITY-ST-ZIP **Jacksonville, FL 32256**

4.1 TITLE **Vice President/Treasurer** ☒ Change ☐ Addition

4.2 NAME **Michael Franz**  
4.3 STREET ADDRESS **10401 Deerwood Park Blvd.**  
4.4 CITY-ST-ZIP **Jacksonville, FL 32256**

5.1 TITLE **Sr. Vice President/Director** ☒ Change ☐ Addition

5.2 NAME **Terence G. Vane, Jr.**  
5.3 STREET ADDRESS **10401 Deerwood Park Blvd.**  
5.4 CITY-ST-ZIP **Jacksonville, FL 32256**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 an address.

SIGNATURE: By: **Michael Franz** President

8/7/97

904-987-5000

CR2E034 (4/97)