

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90090 027 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000003846

1. Corporation Name
GMAC SERVICE AGREEMENT CORPORATION

Principal Place of Business
**3044 W. GRAND BLVD
MC: 482-1X3-301
DETROIT MI 48202**

Mailing Address
**3044 W. GRAND BLVD
MC: 482-1X3-301
DETROIT MI 48202**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
07/07/1998

4. FEI Number
52-2106870

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 owes the current year Intangible Personal Property Tax. Yes No

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NOLL, WILLIAM B	
STREET ADDRESS	3044 W. GRAND BLVD MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BORIS, JOHN P	
STREET ADDRESS	3044 W. GRAND BLVD MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CARRIO JR, LOUIS S	
STREET ADDRESS	3044 W. GRAND BLVD MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	QUENNEVILLE, CATHY L	
STREET ADDRESS	3044 W. GRAND BLVD MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DUNN JR, JOHN J	
STREET ADDRESS	3044 W. GRAND BLVD MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DONNAY, ROBERT L	
STREET ADDRESS	3044 W. GRAND BLVD MC: 482-1X3-301	
CITY-ST-ZIP	DETROIT MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Robert L. Donnay, Asst. Secy.** 3/11/99 313 556-2200
Date Daytime Phone #

CR2E034 (1/1/98)