


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

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

02-22-1999 90066 001 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000000648					
1. Corporation Name AMERICREDIT MORTGAGE SERVICES, INC.					
Principal Place of Business 200 BAILEY AVENUE FORT WORTH TX 76107			Mailing Address 200 BAILEY AVENUE FORT WORTH TX 76107		
2. Principal Place of Business 21 801 Cherry Street Suite, Apt. #, etc. 22 2000 City & State 23 Fort Worth, Texas Zip Country 24 76102 25 Tarrant		2a. Mailing Address 26 801 Cherry Street Suite, Apt. #, etc. 27 2000 City & State 28 Fort Worth, Texas Zip Country 29 76102 30 Tarrant		3. Date Incorporated or Qualified 01/29/1998 4. FEI Number 75-2291093 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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORRIS JR, CLIFTON H		1.2 NAME		
STREET ADDRESS	200 BAILEY AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		1.4 CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHOATE, CHRIS A		2.2 NAME		
STREET ADDRESS	200 BAILEY AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		2.4 CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLER, PRESTON A		3.2 NAME		
STREET ADDRESS	200 BAILEY AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HADDOCK, GERALD W		4.2 NAME	Dike, A.R. "Buddy"	
STREET ADDRESS	777 MAIN STREET STE 2100		4.3 STREET ADDRESS	301 Commerce, Suite 3050	
CITY-ST-ZIP	FORT WORTH TX		4.4 CITY-ST-ZIP	Fort Worth, Texas 76102	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HIGGINS, DOUGLAS K		5.2 NAME		
STREET ADDRESS	101 W RANDOL MILL, STE 150		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON TX		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES JR, KENNETH H		6.2 NAME		
STREET ADDRESS	301 COMMERCE STREET, STE 2200		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX		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

1/6/99

Date

(817) 882-7082

Daytime Phone #

CR2E034 (11/98)