

2-14-95 B-1190-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 FEB 14 PM 11:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **M61471** (2)

1. Corporation Name
AMERICREDIT FUNDING CORPORATION

Principal Place of Business
**C/O ALLEN GOTTLIEB
 405 LEXINGTON AVE 48TH FLOOR
 NEW YORK NY 10174**

Mailing Address
**C/O ALLEN GOTTLIEB
 405 LEXINGTON AVE 40TH FLOOR
 NEW YORK NY 10174**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/27/1987	3a. Date of Last Report 02/09/1994
4. FEI Number 65-0014775	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Allen Gottlieb Law Office Suite, Apt. #, etc.	26. Allen Gottlieb Law Office Suite, Apt. #, etc.
22. 50 Charles Lumburg Blvd City & State	27. 50 Charles Lumburg Blvd City & State
23. Orangetate, NY Zip	28. Orangetate, NY Zip
24. 11553 Country	29. 11553 Country
25. USA	30. USA

9. Name and Address of Current Registered Agent
**GOTTLIEB, ALLEN B.
 330 WHITEHEAD STR
 2ND FLOOR
 KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name Gottlieb Allen B.	85 Zip Code FL 33160
82 Street Address (P.O. Box Number is Not Acceptable) 300 Bayview Drive Apt 1611	
83 City & State North Miami Beach	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/26/95**

12. OFFICERS AND DIRECTORS	
TITLE VP	GOTTLIEB, ALLEN 405 LEXINGTON AVE, 48TH FLOOR N.Y. NY
TITLE P	LAGONIA, KENNETH R 405 LEXINGTON AVE, 48TH FLOOR N.Y. NY
TITLE	
TITLE	
TITLE	
TITLE	
TITLE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Allen Gottlieb	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Delete AS officer	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Lagonia, Kenneth R	
2.3 STREET ADDRESS 50 Charles Lumburg Blvd Suite 501	
2.4 CITY - ST - ZIP Orangetate, NY 11553	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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 resolver 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 addition.

SIGNATURE: *[Signature]* **Kenneth R Lagonia** **2/9/95** **516-7450097**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Required if new)