

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

FILED
Jan 31 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 807243 (1)
1. Corporation Name
AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY



Principal Place of Business Mailing Address
% AMERICAN GENERAL CENTER NASHVILLE TN 37250
% AMERICAN GENERAL CENTER NASHVILLE TN 37250

3. Date Incorporated or Qualified 01/17/1947	3a. Date of Last Report 02/27/1996
4. FEI Number 62-0306330	Applied For 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	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature type of or printed name of registered agent and title applicable (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SCD	<input type="checkbox"/> DELETE
NAME	HOOK, HAROLD S.	
STREET ADDRESS	2929 ALLEN PARKWAY	
CITY-ST-ZIP	HOUSTON TX	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, JAMES S JR.	
STREET ADDRESS	AMERICAN GENERAL CENTER	
CITY-ST-ZIP	NASHVILLE TN 37250	
TITLE	SCD	<input type="checkbox"/> DELETE
NAME	DEVLIN, ROBERT M	
STREET ADDRESS	2929 ALLEN PKWY	
CITY-ST-ZIP	HOUSTON TX 77019	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	LEBOS, LEO JR.	
STREET ADDRESS	AMERICAN GENERAL CENTER	
CITY-ST-ZIP	NASHVILLE TN 37250	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROBERTS, REX H.	
STREET ADDRESS	AMERICAN GENERAL CENTER	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
6.2 NAME	PD Kelley, Joe
6.3 STREET ADDRESS	American General Center
6.4 CITY-ST-ZIP	Nashville, TN 37250

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 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.

SIGNATURE: *Rex H. Roberts* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Rex H. Roberts
1-20-97 615-749-1993
Date Daytime Phone #
0527457

CR2E034 (9/96)

AMERICAN GENERAL LIFE AND ACCIDENT INSURANCE COMPANY

7. VC/D
Newton, Jon P.
2929 Allen Parkway
Houston, TX 77019
8. SV/T/D
Barrett, Kent E.
American General Center
Nashville, TN 37250
9. SV
Buckley, Michael J.
American General Center
Nashville, TN 37250
10. SV/D
Gibbs, Marcus C.
American General Center
Nashville, TN 37250
11. SV/D
Tasser, Donald J.
American General Center
Nashville, TN 37250
12. VP
Bergh, Marcus B., Jr.
American General Center
Nashville, TN
13. VP
Betts, Michael A.
American General Center
Nashville, TN 37250
14. VP
Billante, Samuel J.
American General Center
Nashville, TN 37250

15. VP
Coleman, John W.
American General Center
Nashville, TN 37240
16. VP
Field, Stephen H.
2929 Allen Parkway
Houston, TX 77019
17. VP
McCampbell, Allen A., Jr.
American General Center
Nashville, TN 37250
18. VP
McReynolds, Elaine A.
American General Center
Nashville, TN 37250
19. VP
Mosley, David H.
American General Center
Nashville, TN 37250
20. VP/D
Tuters, Peter V.
2929 Allen Parkway
Houston, TX 77019

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PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **V06317 (4)**
1. Corporation Name
TONG SING PRODUCE, INC.



Principal Place of Business: **1901 NW 18TH STREET BUILDING A-1 S POMPANO BEACH FL 33069**
Mailing Address: **1901 NW 18TH STREET BUILDING A-1 S POMPANO BEACH FL 33089-1665**

3. Date Incorporated or Qualified: **01/14/1992**
3a. Date of Last Report: **03/01/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0306674		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUI, YUK MING 1901 NE 18TH STREET BUILDING A-1 S POMPANO BEACH FL 33069				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUI, YUK MING	1.2 NAME	
STREET ADDRESS	1901 NW 18TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	POMPANO BEACH FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 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.

SIGNATURE: *[Signature]* YUK MING HUI 1/30/97 954-960-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)