

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000003336 (3)**

1. Corporation Name
FM GLOBAL INSURANCE AGENCY, INC.



Principal Place of Business: **820 GESSNER RD SUITE 150 HOUSTON TX 77024**
Mailing Address: **820 GESSNER RD SUITE 150 HOUSTON TX 77024**

3. Date Incorporated or Qualified 06/29/1995	3a. Date of Last Report
4. FEI Number 62-0632621	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

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

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	OSTER, SHELDON I	1.2 NAME	
STREET ADDRESS	820 GESSNER RD, SUITE 150	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77024	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RAYMOND L	2.2 NAME	
STREET ADDRESS	820 GESSNER RD, SUITE 150	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77024	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMANN-LINCK, SUZANNE	3.2 NAME	
STREET ADDRESS	820 GESSNER RD, SUITE 150	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77024	3.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RICHARD C	4.2 NAME	
STREET ADDRESS	8001 CENTERVIEW PKWY #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38018	4.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGENY, JAMES L	5.2 NAME	
STREET ADDRESS	1507 E. SUNSET DR #115	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAUKESHA WI 53186	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	AV
STREET ADDRESS		6.3 STREET ADDRESS	Mark Hilliard
CITY-ST-ZIP		6.4 CITY-ST-ZIP	820 Gessner Road, Suite 150 Houston, TX 77024

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)(k), 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: *Suzanne Hartmann-Linck* 4/8/96 713-973-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)