

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15089 (6)
1. Corporation Name
AMERICAN GENERAL REALTY INVESTMENT CORPORATION

Principal Place of Business Mailing Address
**2929 ALLEN PKWY
HOUSTON TX 77019
US** **PO BOX 3247
HOUSTON TX 77253
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/07/1987		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21. Suite, Apt. #, etc. Suite A36-01		2a. Mailing Address 26. Suite, Apt. #, etc. Suite A36-01	
22. City & State Houston TX		27. City & State Houston TX	
23. Zip 77019		28. Zip 77253	
24. Country US		29. Country US	
4. FEI Number 74-6046915		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
B1 Name				B5 Zip Code	
B2 Street Address (P.O. Box Number is Not Acceptable)				FL	
B3				City	
B4 City				FL	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SCD--	NAME TURFF JAMES R.	1.1 TITLE C/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2929 ALLEN PKY	CITY - ST - ZIP HOUSTON TX 77019--	1.2 NAME Rasmussen, Nicholas R.	
		1.3 STREET ADDRESS 2929 Allen Parkway	
		1.4 CITY - ST - ZIP Houston, TX 77019	
TITLE CD-	NAME DEVIN ROBERT M.--	2.1 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2929 ALLEN PKY--	CITY - ST - ZIP HOUSTON TX 77019--	2.2 NAME Hamstra, Sonia W.	
		2.3 STREET ADDRESS 2929 Allen Parkway	
		2.4 CITY - ST - ZIP Houston, TX 77019	
TITLE PD-	NAME TUTERS PETER V.	3.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2929 ALLEN PKY--	CITY - ST - ZIP HOUSTON TX 77019--	3.2 NAME Young, Austin P.	
		3.3 STREET ADDRESS 2929 Allen Parkway	
		3.4 CITY - ST - ZIP Houston, TX 77019	
TITLE JD	NAME TUCKERS JULIA S.--	4.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2929 ALLEN PKY	CITY - ST - ZIP HOUSTON TX 77019--	4.2 NAME Gerlach, Otto B III	
		4.3 STREET ADDRESS 2929 Allen Parkway	
		4.4 CITY - ST - ZIP Houston, TX 77019	
TITLE SV-	NAME GEISSINGER FREDERICK W.--	5.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2929 ALLEN PKY--	CITY - ST - ZIP HOUSTON TX 77019--	5.2 NAME Clapsaddle, Don R.	
		5.3 STREET ADDRESS 2929 Allen Parkway	
		5.4 CITY - ST - ZIP Houston, TX 77019	
TITLE VT	NAME CLEAVES JAMES L.	6.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2929 ALLEN PKY	CITY - ST - ZIP HOUSTON TX 77019--	6.2 NAME Kupstas, Lawrence	
		6.3 STREET ADDRESS 2929 Allen Parkway	
		6.4 CITY - ST - ZIP Houston, TX 77019	

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)(b), 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: Sonia W. Hamstra 4/25/95 713-522-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Office Phone #
Sonia W. Hamstra, Vice President