

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15089 (6)
 1. Corporation Name
AMERICAN GENERAL REALTY INVESTMENT CORPORATION



Principal Place of Business 2929 ALLEN PKWY SUITE A36-01 HOUSTON TX 77019-2155 US	Mailing Address PO BOX 3247 SUITE A36-01 HOUSTON TX 77253-3247 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/07/1987	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-6046915	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <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	
				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 _____ (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	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RASMUSSEN, NICHOLAS R	1.2 NAME	W. Larry Mask
STREET ADDRESS	2929 ALLEN PKY	1.3 STREET ADDRESS	2929 Allen Parkway
CITY-ST-ZIP	HOUSTON TX 77019	1.4 CITY-ST-ZIP	Houston, TX 77019
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOUFAN, JAMILEH B	2.2 NAME	Patricia W. Neighbors
STREET ADDRESS	2929 ALLEN PKY	2.3 STREET ADDRESS	2929 Allen Parkway
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	Houston, TX 77019
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAPSADDLE, DON R	3.2 NAME	
STREET ADDRESS	2929 ALLEN PKY	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPSTAS, LAWRENCE	4.2 NAME	
STREET ADDRESS	2929 ALLEN PKY	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, MICHAEL W	5.2 NAME	
STREET ADDRESS	2929 ALLEN PKY	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERLACH, OTTO B III	6.2 NAME	
STREET ADDRESS	2929 ALLEN PKY	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77019	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.

SIGNATURE _____ Patricia W. Neighbors Secretary 4/15/98 (713) 522-1111

CFR2E034 (10/97)