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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24948 (2)

1. Corporation Name
AMERICAN GENERAL HOME EQUITY, INC.



Principal Place of Business 601 N.W. SECOND ST. EVANSVILLE IN 47708-1013 US	Mailing Address 601 N.W. 2ND ST. EVANSVILLE IN 47708-1013 US
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3. Date Incorporated or Qualified 06/27/1989	3a. Date of Last Report 02/27/1996
4. FEI Number 13-2868346	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. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

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

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GEISSNER, FREDERICK W	
STREET ADDRESS	601 NW 2ND ST	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BINYON, BRYAN A.	
STREET ADDRESS	601 NW SECOND ST	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SMITH, GARY M	
STREET ADDRESS	601 NW 23ND ST.	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	SMITH, GARY M	
STREET ADDRESS	601 NW 2ND ST	
CITY - ST - ZIP	EVANSVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEDBETTER, JEFFREY L.	
STREET ADDRESS	601 NW SECOND ST	
CITY - ST - ZIP	EVANSVILLE IN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANLEY, PHILIP M	
STREET ADDRESS	601 NW SECOND ST	
CITY - ST - ZIP	EVANSVILLE IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D CEO P	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	601 NW SECOND ST.	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DV POELKER, JOHN S.	
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	V	<input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(l), 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: Gary M. Smith REQUIRE Gary M. Smith Date 4/23/97 (812) 468-5661 Daytime Phone #

CR2E034 (9/96)