

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29151 (8)**

1. Corporation Name

AMERICAN GENERAL INSURANCE AGENCY, INC.

Principal Place of Business

2727 ALLEN PARKWAY
SUITE 205+ 290
HOUSTON TX 77019

Main Address

2727 ALLEN PARKWAY
SUITE 205+ 290
HOUSTON TX 77019



2. Principal Place of Business

21 State, Apt. #, etc.
22 SUITE 290
23 City & State

2a. Mailing Address

26 State, Apt. #, etc.
27 SUITE 290
28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

JACKSON, FRED C JR
1300 GULF LIFE DR
STE 408
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified

04/25/1990

3a. Date of Last Report

05/01/1995

4. FID Number

43-1538461

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Section 609.02(2)(b) of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) for both in the State of Florida. Said change was approved by the corporation's board of directors. The above agent the appointment as registered agent. I am familiar with and accept the obligations of Section 609.02(2)(b), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent for the corporation

Signature of the person who is the president or secretary of the corporation

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOVACH, OPAUL F	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITELAW, RANDY	
STREET ADDRESS	300 HUNTER AVE	
CITY-STATE-ZIP	ST LOUIS MO	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GLOVER, STEVEN	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FRAM, FRED	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CAUTHEN, ROBERT	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information provided in this filing is true and correct to the best of my knowledge and belief. I am a resident of the State of Florida and I am an officer or director of the corporation. The information provided herein is true and correct to the best of my knowledge and belief. I am familiar with and accept the obligations of Section 609.02(2)(b), Florida Statutes, and that my name as appears on Block 12 or Block 13 of this report is the name of the registered agent.

SIGNATURE: FRED FRAM 3-29-96 (713) 831-3691

CR2E034 (12/95)