

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Sep 22 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 # P30106 (9)
 1. Corporation Name
AMERICAN GENERAL HOSPITALITY, INC.



Principal Place of Business 3880 WEST N.W. HIGHWAY, SUITE 300 DALLAS TX 75220	Mailing Address 3880 WEST N.W. HIGHWAY, SUITE 300 DALLAS TX 75220
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1990	3a. Date of Last Report 03/20/1996
21 5605 MacArthur Blvd	26 5605 MacArthur Blvd	4. FEI Number 75-2253418		Applied For Not Applicable	
22 1200	27 Suite 1200	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Irving, TX	28 Irving, TX	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 75038	25	29 75038	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PS	<input type="checkbox"/> DELETE		1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORNS, STEVEN D.			1.2 NAME	Jorns, Steven D.		
STREET ADDRESS	3880 WEST N.W. HWY, #300			1.3 STREET ADDRESS	5605 MacArthur Blvd, Ste 1200		
CITY-ST-ZIP	DALLAS TX			1.4 CITY-ST-ZIP	Irving, TX 75038		
TITLE	VTD	<input type="checkbox"/> DELETE		2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORNS, STEVEN, D			2.2 NAME	Jorns, Steven D.		
STREET ADDRESS	3880 WEST N.W. HWY, #300			2.3 STREET ADDRESS	5605 MacArthur Blvd, Ste 1200		
CITY-ST-ZIP	DALLAS TX			2.4 CITY-ST-ZIP	Irving, TX 75038		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILES, BRUCE G.			3.2 NAME	Wiles, Bruce G.		
STREET ADDRESS	3880 W. NORTHWEST HWY., #300			3.3 STREET ADDRESS	5605 MacArthur Blvd, Ste 1200		
CITY-ST-ZIP	DALLAS TX			3.4 CITY-ST-ZIP	Irving, TX 75038		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Barr, Kenneth E.		
STREET ADDRESS				4.3 STREET ADDRESS	5605 MacArthur Blvd, Ste 1200		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Irving, TX 75038		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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)(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: **Kenneth E. Barr** 9/17/97 972/560-1700

CR2E034 (4/97)