

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P33219** (7)
1. Corporation Name
AMERICAN GENERAL SECURITIES INCORPORATED



Principal Place of Business: **2727 ALLEN PARKWAY, SUITE 2051 HOUSTON TX 77019**
Mailing Address: **2727 ALLEN PARKWAY, SUITE 2051 HOUSTON TX 77019**

3. Date Incorporated or Qualified: **03/20/1991**
3a. Date of Last Report: **04/20/1995**

| | | | |
|--------------------------------|-------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 76-0050868 | Not Applicable |
| 22. Suite, Apt. #, etc. | 27. Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Suite 290 | Suite 290 | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23. City & State | 28. City & State | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Zip | 25. Country | 29. Zip | 30. Country |

| | | | |
|--|--|--|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| JACKSON, FRED C. JR. 1300 GULF LIFE DR. SUITE 408 JACKSONVILLE FL 32207 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. | |
| | | 84. 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 reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | C <input type="checkbox"/> DELETE | 1.1 TITLE | Admin Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAUTHEN, ROBERT S J | 1.2 NAME | Carole D. Hlozek |
| STREET ADDRESS | 2727 ALLEN PKWY #2051 | 1.3 STREET ADDRESS | 2727 Allen Parkway #290 |
| CITY - ST - ZIP | HOUSTON TX | 1.4 CITY - ST - ZIP | Houston TX 77019 |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOVACH, F PAUL | 2.2 NAME | |
| STREET ADDRESS | 2727 ALLEN PKWY #2051 | 2.3 STREET ADDRESS | 2727 Allen Pkwy # 290 |
| CITY - ST - ZIP | HOUSTON TX | 2.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FRAM, FREDERICK G | 3.2 NAME | |
| STREET ADDRESS | 2727 ALLEN PKWY #2051 | 3.3 STREET ADDRESS | 2727 Allen Pkwy # 290 |
| CITY - ST - ZIP | HOUSTON TX | 3.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PHILLIPS, THOMAS B. | 4.2 NAME | |
| STREET ADDRESS | 2727 ALLEN PKWY #2051 | 4.3 STREET ADDRESS | 2727 Allen Pkwy #290 |
| CITY - ST - ZIP | HOUSTON TX | 4.4 CITY - ST - ZIP | |
| TITLE | VT <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RASHID, ZAFAR | 5.2 NAME | |
| STREET ADDRESS | 2727 ALLEN PKWY #2051 | 5.3 STREET ADDRESS | 2727 Allen Pkwy #290 |
| CITY - ST - ZIP | HOUSTON TX | 5.4 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUTHER, BILLY B | 6.2 NAME | |
| STREET ADDRESS | 2727 ALLEN PKWY #2051 | 6.3 STREET ADDRESS | 2727 Allen Pkwy #290 |
| CITY - ST - ZIP | HOUSTON TX | 6.4 CITY - ST - ZIP | |

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)(k), 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: Carole Hlozek **CAROLE HLOZEK** 4-11-96 (713)831-3691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)