


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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S29210 (9)**  
 1. Corporation Name  
**AMERICAN GENERAL HOSPITALITY OF FLORIDA, INC.**



Principal Place of Business <b>3860 W. NORTHWEST HIGHWAY        SUITE 300        DALLAS TX 75220</b>	Mailing Address <b>3860 W. NORTHWEST HIGHWAY        SUITE 300        DALLAS TX 75220</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/04/1991</b>		3a. Date of Last Report <b>03/20/1996</b>	
4. FEI Number <b>65-0239083</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business

21 <b>5605 MacArthur Blvd</b>	26 <b>5605 MacArthur Blvd</b>
22 <b>Suite 1200</b>	27 <b>Suite 1200</b>
23 <b>Irving, TX</b>	28 <b>Irving, TX</b>
24 <b>75038</b>	29 <b>75038</b>

9. Name and Address of Current Registered Agent

**CARNEY, MARY JO  
 BARNETT TOWER  
 ONE PROGRESS PLAZA - SUITE 1210  
 ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORNS, STEVEN D.</b>	1.2 NAME	<b>Jorns, Steven D.</b>
STREET ADDRESS	<b>3860 W. N.W. HWY, #300</b>	1.3 STREET ADDRESS	<b>5605 MacArthur Blvd, Ste 1200</b>
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	<b>Irving, TX 75038</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Kenneth E Barr</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>5605 MacArthur Blvd, Ste 1200</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>Irving, TX 75038</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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* 9/17/97 972/550-1700

CR2E034 (4/97)