

**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 # **L84920 (2)**

1. Corporation Name  
**AMERICAN NATIONAL INSURANCE AGENCY, INC.**



Principal Place of Business	Mailing Address
C/O RICHARD W. WASSERMAN 420 LINCOLN RD., S-256 MIAMI BCH. FL 33139	C/O RICHARD W. WASSERMAN 420 LINCOLN RD., S-256 MIAMI BCH. FL 33139

3. Date Incorporated or Qualified <b>06/29/1990</b>	3a. Date of Last Report <b>02/22/1995</b>
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2. Principal Place of Business 21 <b>15175 Eagle Nest Lane</b>	2a. Mailing Address 26 <b>15175 Eagle Nest Lane</b>
Suite, Apt. #, etc. 22 <b>104</b>	Suite, Apt. #, etc. 27 <b>104</b>
City & State 23 <b>Miami Lakes Fla.</b>	City & State 28 <b>Miami Lakes Fla.</b>
Zip 24 <b>33014</b>	Country 29 <b>33014</b>

4. FEI Number <b>65-0076743</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**WASSERMAN, RICHARD W.  
420 LINCOLN RD.  
S-256  
MIAMI BCH. FL 33139**

10. Name and Address of New Registered Agent

81 Name <b>DAVIS, John P. Jr.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>15175 Eagle Nest Lane #104</b>
83
84 City <b>MIAMI LAKES FL</b>
85 Zip Code <b>33014</b>

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: *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DAVIS, HARRIET H.</b>	
STREET ADDRESS <b>15175 EAGLE NEST LANE #104</b>	
CITY-ST-ZIP <b>MIAMI LAKES FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>DAVIS, JOHN P., JR.</b>	
STREET ADDRESS <b>15175 EAGLE NEST LANE #104</b>	
CITY-ST-ZIP <b>MIAMI LAKES FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
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	<input 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

CR2E034 (12/95)