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May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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
15175 EAGLE NEST LANE
104
MIAMI LAKES FL 33014
US

Mailing Address
15175 EAGLE NEST LANE
104
MIAMI LAKES FL 33014-2244
US

3. Date Incorporated or Qualified 06/29/1990
3a. Date of Last Report 04/29/1996

2. Principal Place of Business
21
26

4. FEI Number 65-0076743
Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, JOHN P. JR.
15175 EAGLE NEST LANE #104
S-256
MIAMI LAKES FL 33014

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

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 type for 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 DELETE
NAME DAVIS, HARRIET H.
STREET ADDRESS 15175 EAGLE NEST LANE #104
CITY-ST-ZIP MIAMI LAKES FL

TITLE DELETE
NAME DP
STREET ADDRESS 15175 EAGLE NEST LANE #104
CITY-ST-ZIP MIAMI LAKES FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 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: *John P. Davis* John P. Davis 5.1.97 3058629622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)