FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28955** **(3)**

1. Corporation Name
ADVANTAGE CAPITAL INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
2800 POST OAK BLVD HOUSTON TX 77056 US	2800 POST OAK BLVD HOUSTON TX 77056 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/11/1990**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **43-1513705** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) County (25) (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SO. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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, 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	~~DP~~	11 TITLE	DP ☒ Change ☐ Addition
NAME	~~PRESLEY, BRIAN~~	12 NAME	ROGERS, JOHN T.
STREET ADDRESS	~~11403 WENDOVER LANE~~	13 STREET ADDRESS	111 POST OAK BLVD
CITY-ST-ZIP	~~HOUSTON TX~~	14 CITY-ST-ZIP	HOUSTON TX 77056
TITLE	SV	21 TITLE	☐ Change ☐ Addition
NAME	ZEITMAN . LEA S.	22 NAME	
STREET ADDRESS	2534 GLENHAVEN BOVD.	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, WILLIAM N.	32 NAME	
STREET ADDRESS	2411 MCKEEVER ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	ROSHARON TX	34 CITY-ST-ZIP	
TITLE	~~EVD~~	41 TITLE	V ☒ Change ☐ Addition
NAME	~~MCMULLEN, DONALD A. JR.~~	42 NAME	RON, WALTER E.
STREET ADDRESS	~~11030 WINWOOD LANE~~	43 STREET ADDRESS	ONE PARKVIEW PLAZA
CITY-ST-ZIP	~~HOUSTON TX~~	44 CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181
TITLE	SV	51 TITLE	☐ Change ☐ Addition
NAME	FIORENTINO, MICHAEL	52 NAME	
STREET ADDRESS	3407 PECAN POINT	53 STREET ADDRESS	
CITY-ST-ZIP	SUGARLAND TX	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	JALLANS, LESLIE B	62 NAME	
STREET ADDRESS	1902 PORTSMOUTH	63 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	64 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)(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: Walter E. Ron 4/21/95 (713) 993-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALTER E. RON VICE CHAIRMAN DIRECTOR

047A44 FP