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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P28955 (3)

1. Corporation Name

ADVANTAGE CAPITAL INSURANCE AGENCY, INC.



Principal Place of Business

2800 POST OAK BLVD
HOUSTON TX 77056
US

Mailing Address

2800 POST OAK BLVD
HOUSTON TX 77056
US

3. Date Incorporated or Qualified
04/11/1990

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature typed or printed (Name of registered agent and office address)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☒ DELETE

NAME ~~ROGERS, JOHN T.~~

STREET ADDRESS ~~1111 POST OAK BLVD~~

CITY-STATE-ZIP ~~HOUSTON TX~~

TITLE SV ☒ DELETE

NAME ~~ZEITMAN, LEA S.~~

STREET ADDRESS ~~2534 GLENHAVEN BOVD.~~

CITY-STATE-ZIP ~~HOUSTON TX~~

TITLE T ☒ DELETE

NAME ~~BROWN, WILLIAM N.~~

STREET ADDRESS ~~2411 MCKEEVER ROAD~~

CITY-STATE-ZIP ~~ROSHARON TX~~

TITLE V ☒ DELETE

NAME ~~REIN, WALTER E.~~

STREET ADDRESS ~~ONE PARKVIEW PLAZA~~

CITY-STATE-ZIP ~~OAKBROOK TERRACE IL~~

TITLE SV ☐ DELETE

NAME ~~FIorentino, Michael~~

STREET ADDRESS ~~3407 PECAN POINT~~

CITY-STATE-ZIP ~~SUGARLAND TX~~

TITLE V ☐ DELETE

NAME ~~JALLANS, LESLIE B~~

STREET ADDRESS ~~1902 PORTSMOUTH~~

CITY-STATE-ZIP ~~HOUSTON TX~~

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

DP

ZEITMAN, LEA S.

3525 UNIVERSITY BLVD

HOUSTON, TEXAS 77005

V

BURNS, ROBERT G.

27307 EAST WYATT RD

BLUE SPRINGS, MO 64014

T

BROOKS, MARK S.

7310 FOXSIDE LANE

HUMBLE, TX 77338

S

HARDY, GINGER J.

3806 RED BUD

LAPORTE, TX 77571

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)