

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 10 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 # P28955 (3)  
1. Corporation Name  
ADVANTAGE CAPITAL INSURANCE AGENCY, INC.



Principal Place of Business  
27307 EAST WYATT RD  
BLUE SPRINGS MO 64014  
US

Mailing Address  
27307 EAST WYATT RD  
BLUE SPRINGS MO 64014-5815  
US

3. Date Incorporated or Qualified 04/11/1990	3a. Date of Last Report 02/20/1996
4. FEI Number 43-1513705	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite Apt. # etc.	26 8 GREENWAY PLAZA
22 City & State	27 SUITE 1000
23 Zip	28 HOUSTON TX
24 Country	29 77046
25	30 Harris

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
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 type of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEITMAN, LEA S.	1.2 NAME	
STREET ADDRESS	3525 UNIVERSITY BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ROBERT G.	2.2 NAME	
STREET ADDRESS	27307 EAST WYATT ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BLUE SPRINGS MO	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, MARK S.	3.2 NAME	
STREET ADDRESS	7310 FOXSIDE LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HUMBLE TX	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDY, GINGER J.	4.2 NAME	
STREET ADDRESS	3806 RED BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAPORTE TX	4.4 CITY - ST - ZIP	
TITLE	SV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIorentino, MICHAEL	5.2 NAME	
STREET ADDRESS	3407 PECAN POINT	5.3 STREET ADDRESS	
CITY - ST - ZIP	SUGARLAND TX	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JALLANS, LESLIE B	6.2 NAME	
STREET ADDRESS	1902 PORTSMOUTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	HOUSTON TX	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK S. BROOKS

Date

(713) 599-4230

Daytime Phone

CR2E034 (9/96)