

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P29151 (8)**

1. Corporation Name

AMERICAN GENERAL INSURANCE AGENCY, INC.

Principal Place of Business

2727 ALLEN PARKWAY
SUITE 205+ 290
HOUSTON TX 77019

Main Address

2727 ALLEN PARKWAY
SUITE 205+ 290
HOUSTON TX 77019



2. Principal Place of Business

2a. Main Address

21 State, Apt. #, etc.
22 SUITE 290
23 City & State

26 State, Apt. #, etc.
27 SUITE 290
28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

JACKSON, FRED C JR
1300 GULF LIFE DR
STE 408
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified **04/25/1990**
3a. Date of Last Report **05/01/1995**
4. FID Number **43-1538461**
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 609.02, Florida Statutes, I, the undersigned, being a resident of this State, do hereby certify that I am familiar with and accept the obligations of Section 609.02, Florida Statutes, in connection with the filing of this report and the appointment as registered agent, I am:

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	KOVACH, OPAUL F	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	V	<input type="checkbox"/> DELETED
NAME	WHITELAW, RANDY	
STREET ADDRESS	300 HUNTER AVE	
CITY-STATE-ZIP	ST LOUIS MO	
TITLE	SD	<input type="checkbox"/> DELETED
NAME	GLOVER, STEVEN	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	T	<input type="checkbox"/> DELETED
NAME	FRAM, FRED	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	C	<input type="checkbox"/> DELETED
NAME	CAUTHEN, ROBERT	
STREET ADDRESS	2727 ALLEN PARKWAY, SUITE 2051	
CITY-STATE-ZIP	HOUSTON TX	
TITLE		<input type="checkbox"/> DELETED
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2727 Allen Parkway, SUITE 290	
CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information reported in this report is true and correct to the best of my knowledge and belief, and that I am an officer or director of the corporation, and that my signature shall have the same legal effect as if made under oath, but I am an officer or director of the corporation only if the name of the person named in this report is reported by Chapter 609, Florida Statutes, and that my name as appears on Block 12 or Block 13 of this report is not a fictitious name.

SIGNATURE: FRED FRAM 3-29-96 (713) 831-3691

CR2E034 (12/95)