

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003588 (9)
1. Corporation Name

STANDARD FORMS, INC.



Principal Place of Business: P.O. BOX 12635, NORFOLK VA 23502
Mailing Address: P.O. BOX 12635, NORFOLK VA 23502

3. Date Incorporated or Qualified: **07/25/1995**
3a. Date of Last Report: _____
4. FEI Number: **13-2671270**
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

2. Principal Place of Business
21 Suite, Apt. #, etc
22 City & State
23 Zip Country
24
25
2a. Mailing Address
26 Suite, Apt. #, etc
27 City & State
28 Zip Country
29
30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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
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 of principal place of business registered agent and the registered agent. Registered Agent's signature required when first filing. DAS

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, THOMAS B JR	
STREET ADDRESS	276 PARK AVENUE SOUTH	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, THOMAS F JR	
STREET ADDRESS	3701 E. VIRGINIA BEACH BLVD.	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KATZ, FREDERICK L	
STREET ADDRESS	3967 DEEP ROCK ROAD	
CITY-ST-ZIP	RICHMOND VA 23233	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOCKOL, JEFFREY S	
STREET ADDRESS	99 GUION STREET	
CITY-ST-ZIP	SPRINGFIELD MA 01102-0199	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	FELDMAN, MICHAEL	
STREET ADDRESS	3701 E. VIRGINIA BEACH BOULEVARD	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUTER, LYNN	
STREET ADDRESS	3701 E. VIRGINIA BEACH BOULEVARD	
CITY-ST-ZIP	NORFOLK VA 23502	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 617, 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

6/19/96

CR2E034 (3/96)