

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sonora B. Mathurin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P18625** (4)

1. Corporation Name
STANDARD OF GEORGIA INSURANCE AGENCY, INC.



Principal Place of Business: **EAB PLAZA EAST TOWER 15TH FL UNIONDALE NY 11556**
Mailing Address: **EAB PLAZA EAST TOWER 15TH FL UNIONDALE NY 11556**

3. Date Incorporated or Qualified: **03/30/1988**
3a. Date of Last Report: **08/24/1995**
4. FEI Number: **58-1134566**
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 (21-23)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SICKLE, CODY T.	
STREET ADDRESS	EAB PLAZA-EAST TOWER 15TH FL	
CITY-ST-ZIP	UNIONDALE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROOKS, GENE	
STREET ADDRESS	EAB PLAZA-EAST TOWER 15TH FL	
CITY-ST-ZIP	UNIONDALE NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	CRAMER, KAREN	
STREET ADDRESS	100 BROADWAY	
CITY-ST-ZIP	ELMWOOD PARK NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KEPPEL, J. DANIEL	
STREET ADDRESS	9 DEKAIB AVE	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DIAMOND, J. EDWARD	
STREET ADDRESS	9 DEKAIB AVE	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CIANCERELLI, STEPHEN	
STREET ADDRESS	9 DEKAIB AVE	
CITY-ST-ZIP	BROOKLYN NY	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input checked="" 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	

Director
DIAMOND, J. EDWARD
9 DEKAIB AVE
BROOKLYN, NY

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)(g), 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: *X. Kauschauer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96 (20) 791-2750

CR2E034 (12/95)