

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

FILED

**Apr 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 03/30/1988	3a. Date of Last Report 03/21/1996
4. FEI Number 58-1134566	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 type="checkbox"/> No	

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

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)

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	D	<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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ **DATE:** 4/9/97 **DAYTIME PHONE #:** 516-745-8582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)