



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

FILED

Apr 22 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 # 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	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24		29	
3. Date Incorporated or Qualified 03/30/1988		3a. Date of Last Report 3/--/96	
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 checked="" type="checkbox"/> No			
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 _____ (NOTE: Registered Agent signature required when reissuing) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PD	SICKLE, CODY T.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
EAB PLAZA-EAST TOWER 15TH FL			
UNIONDALE NY			
D	BROOKS, GENE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
EAB PLAZA-EAST TOWER 15TH FL			
VS	CRAMER, KAREN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
100 BROADWAY			
ELMWOOD PARK NJ			
V	KEPPEL, J. DANIEL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9 DEKALB AVE			
BROOKLYN NY			
D	DIAMOND, J. EDWARD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9 DEKALB AVE			
BROOKLYN NY			
T	CIANCARELLI, STEPHEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
9 DEKALB AVE			
BROOKLYN NY			
14. I 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 is stated 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.		300002153073 -04/24/97--01006--044 ***165.00	
SIGNATURE:  KAREN CRAMER		3/26/97 (201) 791-2750 Date Daytime Phone #	

CR2E034 (9/96)