

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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90110 017 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18625
 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 EAB PLAZA EAST TOWER Suite, Apt. #, etc. 22 10th FLOOR City & State 23 UNIONDALE NY Zip 24 11556	2a. Mailing Address 26 EAB PLAZA EAST TOWER Suite, Apt. #, etc. 27 10th FLOOR City & State 28 UNIONDALE NY Zip 29 11556	Country 30 USA
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3. Date Incorporated or Qualified 03/30/1988	4. FEI Number 58-1134566	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PATTERSON, P 589 5TH AVE, 4TH FL NY NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D BROOKS, GENE EAB PLAZA-EAST TOWER 15TH FL UNIONDALE NY	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VS CRAMER, KAREN 100 BROADWAY ELMWOOD PARK NJ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT JALAMO, E EAB PLAZA E TOWER, 11TH FL UNIONDALE NY 11556	4.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	CIANCARELLI, STEPHEN
STREET ADDRESS		4.3 STREET ADDRESS	9 DeKALB AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BROOKLYN NY 11201
TITLE	D DIAMOND, J. EDWARD 9 DEKAIB AVE BROOKLYN NY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V MITTEL, R 31B PLAZA EAST TOWER, 13TH FL UNIONDALE NY 11556	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: *Stephen Ciancarelli*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(718) 403-7807
 Date _____ Daytime Phone # _____

CR2E034 (11/98)