

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 7:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P93000051728 (2)

1. Corporation Name

STANDARD INVESTMENT GROUP, INC.

Principal Place of Business

Mailing Address

**14497 N. DALE MABRY HWY.
SUITE 201
TAMPA FL 33618
US**

**14497 N. DALE MABRY HWY
SUITE 201
TAMPA FL 33618
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/19/1983

3a. Date of Last Report

04/13/1994

4. FEI Number

59-3194173

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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**WU, DONALD
14497 N. DALE MABRY HWY.
SUITE 201
TAMPA FL 33618**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when nonattesting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WU, TONG H**
STREET ADDRESS **14497 N. DALE MABRY HWY., SUITE 201**
CITY - ST - ZIP **TAMPA FL**

TITLE **D**
NAME **WU, DONG J**
STREET ADDRESS **14497 N. DALE MABRY HWY., SUITE 201**
CITY - ST - ZIP **TAMPA FL**

TITLE **D**
NAME **HUANG, CHEN-DEI**
STREET ADDRESS **4607 PLAYER CT.**
CITY - ST - ZIP **TAMPA FL 33624**

TITLE **D**
NAME **CHANG, CHIN-CHIH**
STREET ADDRESS **4607 PLAYER CT.**
CITY - ST - ZIP **TAMPA FL 33624**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

Signature and typed or printed name of officer or director

Date

Signature (Name & Title)

4-13-95 1-813-265-3955