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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 548533

1. Corporation Name
RAINBOW SPRINGS REALTY CORP.



Principal Place of Business % CHASE ENTERPRISES. ATTN: J. KORZENIK ONE COMMERCIAL PLAZA HARTFORD CT 06103	Mailing Address % CHASE ENTERPRISES. ATTN: J. KORZENIK ONE COMMERCIAL PLAZA HARTFORD CT 06103
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/05/1977	4. FEI Number 59-1772181	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 type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
ST LOUIS, ROLAND R JR
ST. LOUIS, GUERRA & AUSLANDER, P.A.
201 S. BISCAYNE BLVD. MIAMI CNT., 10TH FL.
MIAMI FL 33131-4325

10. Name and Address of New Registered Agent
 81 Name **NRAI SERVICES, INC.**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **526 E. Park Avenue**
 84 City **Tallahassee, FL** 85 Zip Code **32301**

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 *KEIF A. TONNESSEN* **KEIF A. TONNESSEN, Ass't Sec 4/16/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	AV	<input type="checkbox"/> DELETE
NAME	TARBERT, FRANK	
STREET ADDRESS	8625 SW 200TH CIRCLE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHASE, DAVID T	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CHASE, ARNOLD L	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CHASE, CHERYL A	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMALLRIDGE, LOWELL P.	
STREET ADDRESS	8625 SW 200TH CIRCLE	
CITY-ST-ZIP	DUNNELLON FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLINS, JAMES T	
STREET ADDRESS	8625 SW 200TH CIRCLE	
CITY-ST-ZIP	DUNNELLON FL	

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Cheryl Chase* **Cheryl Chase - Exec. V/P** 4/6/99 860/549-1674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)