

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 578652 (0)

1. Corporation Name
CORPORATE CENTER ASSOCIATES, INC.



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

3. Date Incorporated or Qualified
07/05/1978

4. FEI Number
06-1017337

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
 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 _____ DATE _____
Signature type for predecessor of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, DAVID T.	1.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT	1.4 CITY-STATE-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, ARNOLD L.	2.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT	2.4 CITY-STATE-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, CHERYL A.	3.2 NAME	CHASE, CHERYL A.
STREET ADDRESS	ONE COMMERCIAL PLAZA	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD CT	3.4 CITY-STATE-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORCO, ERNEST	4.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	4.3 STREET ADDRESS	
CITY-STATE-ZIP	HARTFORD, CT	4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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

SIGNATURE: Cheryl A. Chase *Cheryl A. Chase* 3/27/98 860/549-1674

CP2E034 (10/97)