

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

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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90105 046 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F94000006413**

1. Corporation Name  
**CHASE VENTURES, INC.**

Principal Place of Business Mailing Address  
 % CHASE ENTERPRISES-ATTN: JOSEPH KORZENIK % CHASE ENTERPRISES-ATTN: JOSEPH KORZENIK  
 ONE COMMERCIAL PLAZA ONE COMMERCIAL PLAZA  
 HARTFORD CT 06103 HARTFORD CT 06103



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/13/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1818189	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24		29		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
	FL	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 *Leif A. Tomnessen* **Leif A. Tomnessen Asst+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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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-ST-ZIP	HARTFORD CT 06103	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, CHERYL A	2.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT	2.4 CITY-ST-ZIP	
TITLE	VASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, ARNOLD L	3.2 NAME	
STREET ADDRESS	ONE COMMERCIAL PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARTFORD CT 06103	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLRIDGE, LOWELL P	4.2 NAME	
STREET ADDRESS	8625 SW 200TH CIR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34432	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, JAMES T	5.2 NAME	
STREET ADDRESS	8625 SW 200TH CIR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL 34432	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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: *Chase* **SIGNATURE REQUIRED Chase, President** **4/6/99** **860/549-1674**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)