

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

FILED
Apr 14 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 # M03421 (8)
 1. Corporation Name
FIRST CORPORATE ENTERPRISES, INC.



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

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

3. Date Incorporated or Qualified 07/31/1984	
4. FEI Number 58-1578710	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CHASE, DAVID T.	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CLARE, HAROLD	
STREET ADDRESS	ONE CORPORATE PLAZA	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VSD	<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	REMIREZ, RICHARD J. F.	
STREET ADDRESS	ONE CORPORATE PLAZA	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CHASE, ARNOLD L.	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)(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 *Chase* 3/27/98 860/549-1674

CR2E034 (10/97)