

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

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

04-22-1999 90105 047 ***150.00

DOCUMENT # F24720

1. Corporation Name CHEROSA, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1981

4. FEI Number

06-1041568

Applied For

Not Applicable

5. Certificate of Status Desired

Not checked

\$8.75 Additional Fee Required

6. Election Campaign Financing

Not checked

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Not checked

Yes No

Principal Place of Business

Mailing Address

% CHASE ENTERPRISES ONE COMMERCIAL PLAZA, ATTN: J. KORZENIK HARTFORD CT 06103

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2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New 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

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 4/6/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 5 rows for Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'DELETE'.

Table with 8 rows for Additions/Changes to Officers and Directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes checkboxes for 'Change' and 'Addition'.

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:

Signature and typed or printed name of signing officer or director: Cheryl A. Chase

4/6/99

860/549-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Cheryl A. Chase, Exec. V/P.

Date

Daytime Phone #

CR2E034 (11/98)