

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

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**Apr 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT **1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000006413 (8)** ✓  
1. Corporation Name  
**CHASE VENTURES, INC.**



Principal Place of Business      Mailing Address

**% CHASE ENTERPRISES-ATTN: JOSEPH KORZENIK  
ONE COMMERCIAL PLAZA  
HARTFORD CT 06103**

**% CHASE ENTERPRISES-ATTN: JOSEPH KORZENIK  
ONE COMMERCIAL PLAZA  
HARTFORD CT 06103-3599**

3. Date Incorporated or Qualified **12/13/1994** ✓      3a. Date of Last Report **04/01/1996**

4. FEI Number **52-1818189** ✓      Applied For  
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

**ST. LOUIS, ROLAND R JR  
FRIEDMAN, RODRIGUEZ & FERRARO, P.A.  
201 S. BISCAYNE BLVD, 2300 MIAMI CENTER  
MIAMI FL 33131-4329**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHASE, DAVID T</b>	
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA HARTFORD CT 06103</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	
TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHASE FREEDMAN, CHERYL</b>	
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA HARTFORD CT 06103</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	
TITLE	<b>VASD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHASE, ARNOLD L</b>	
STREET ADDRESS	<b>ONE COMMERCIAL PLAZA HARTFORD CT 06103</b>	
CITY-ST-ZIP	<b>HARTFORD CT 06103</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SMALLRIDGE, LOWELL P</b>	
STREET ADDRESS	<b>19152 SW 81ST PLACE RD DUNNELLON FL 34432</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34432</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>COLLINS, JAMES T</b>	
STREET ADDRESS	<b>19152 SW 81ST PLACE RD DUNNELLON FL 34432</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34432</b>	
TITLE	<b>AV</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUREL, WALTER D.</b>	
STREET ADDRESS	<b>19152 SW 81ST PLACE ROAD DUNNELLON FL</b>	
CITY-ST-ZIP	<b>DUNNELLON FL</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CHASE, CHERYL A.</b>
2.3 STREET ADDRESS	<b>ONE COMMERCIAL PLAZA HARTFORD, CT 06103</b>
2.4 CITY-ST-ZIP	<b>HARTFORD, CT 06103</b>
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 do 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**      3/25/97      (860) 549-1674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)