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

PROFIT CORPORATION ANNUAL REPORT

1999

A E PROPERTIES, INC.

1. Corporation Name

DOCUMENT # P07549



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90046 022 ***150.00



Principal Place of Business Mailing Address						i ibilinal lit antit taent atlit at	. E18 (BI(B)\$4) 6)6	01011 01011 01	1911 \$1211 1221
ONE TOWER SQUARE ONE TOWER SQUARE							•		
HARTFORD CT 06183 HARTFORD CT 06183						DO NOT WRITE IN THIS SPACE			
us · U\$					-	3. Date Incorporated or Qualifed			
						09/26/1985			
		O. Mailing Address				FEI Number		- I An	plied For
L	ace of Business	2a. Mailing Address			1	95-2798160		<u> </u>	t Applicable
26 Suite Apt. #, etc. Suite, Apt. #, etc.						33 2/30 100		\$8.75 A	
					5.	Certifcate of Status Desired		Fee Re	
22 27 City & State City & State						Election Campaign Financing		\$5.00	<u> </u>
						Trust Fund Contribution		Added to	
Zip	Country	Zip	Count	rv		This corporation owes the curr	rent vear Inta	naible	
⊢ ¬ '	25		30	•	i -	Personal Property Tax.			□No
24	9. Name and Address of Cui		,,,			Name and Address of New	Registered A	gent	
	3. Name and Address of de.		8	1 Name		VIII			
CT CORPORATION SYSTEM									
1200 S. PINE ISLAND ROAD			٤	Street #	Address (P.	O. Box Number is Not Accept	able)		
PLANTATION FL 33324			5	13				 -	
]	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		`		****				
			8	4 City			FL	85 Zip 0	Code
		0502 and 607.1508, Florida Statutes	Į.			automite this statement for the		hanging ite	registered
agent. I a	m familiar with, and accept the ob	<u> </u>	da Statut Registered A	95. gent signature re	equired when re	<u></u>	DATE		
12.		AND DIRECTORS	13.		ΑΑ	DDITIONS/CHANGES TO OF	-FICERS ANI	☐ Change	[] Addition
TITLE	DP	☐ DELETE	1.1 TITL						
NAME	LEWIS, SUSAN W.		1.2 NAM						
STREET ADDRESS	ONE TOWER SQUARE		1.3 STRI	EET ADDRESS					
CITY-ST-ZIP	HARTFORD CT		_	-ST-ZIP		 _		- Change	☆ Addition
TITLE	DT	DELETE 2.1 TI			DT			☐ Change	X Addition
NAME	GILLIS, LAWRENCE A.		2.2 NAM	E		I/SJOSEPHPH			}
STREET ADDRESS	ONE TOWER SQUARE		2.3 STR	ET ADDRESS		TOWER SQUARE			
CfTY-ST-ZIP	HARTFORD CT			/-ST-ZIP	HART	FORD CT			
TITLE	DS	☐ DELETE	3.1 TITL	E				Change	☐ Addition
NAME	SPROULS, JOSEPH W.		3.2 NAM	E					1
STREET ADDRESS	ONE TOWER SQUARE		3.3 STR	ET ADDRESS					}
CITY-ST-ZIP	HARTFORD CT		3 4. CIT	/-ST-ZIP					
TITLE	AT	▼ DELETE 4.1 TI			V			Change	X Addition
NAME	LONG, ROBERT G.		4. 2 NAM	4E.	MCCO	MB, GUY R.			1
STREET ADDRESS	ONE TOWER SQUARE		4.3 STR	EET ADDRESS	ONE '	TOWER SQUARE			
CITY-ST-ZIP	HARTFORD CT		4.4 CIT			FORD CT			
TITLE		☐ DELETE	. 5.1 TITL	Ε				☐ Change	☐ Addition l
NAME			5.2 NAM	E					}
STREET ADDRESS			5.3 STR	EET ADDRESS					ļ
CITY-ST-ZIP			5.4 CITY	-ST-ZIP					
TITLE		☐ DELETE	6.1 TITL	E				Change	Addition
1			6.2 NAM	_					

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Joseph W. Sprouls

860 954-5747

Daytime Phone #