

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

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

04-22-1999 90105 048 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 352787

1. Corporation Name
DEERFIELD 21 CORPORATION

Principal Place of Business
CHASE ENTERPRISES - ATTN: JOSEPH KORZENIK
ONE COMMERCIAL PLAZA
HARTFORD CT 06103-0599
US

Mailing Address
CHASE ENTERPRISES - ATTN: JOSEPH KORZENIK
ONE COMMERCIAL PLAZA
HARTFORD CT 06103-0599
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified
09/24/1969

4. FEI Number
59-1311294 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
ST. LOUIS, ROLAND R., JR.
ST. LOUIS, GUERRA & AUSLANDER, P.A.
201 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, 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 *LEIF A. TONNESSEN* LEIF A. TONNESSEN, Assit 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

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CHASE, CHERYL A	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHASE, DAVID, T	
STREET ADDRESS	ONE COMMERCIAL PLAZA	
CITY-ST-ZIP	HARTFORD CT	
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		
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, with all other like empowered.

SIGNATURE: *Cheryl Chase* SIGNATURE REQUIRED Chase, Exec. V/P 4/6/99 860/549-1674
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)