

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004705 (8)**
1. Corporation Name

CASUAL CORNER GROUP, INC.



Principal Place of Business: **100 PHOENIX AVENUE ENFIELD CT 06083-1700**
Mailing Address: **100 PHOENIX AVENUE ENFIELD CT 06083-1700**

3. Date Incorporated or Qualified: **09/27/1995**
3a. Date of Last Report: **09/27/1995**
4. FEI Number: **51-0368883**
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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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: **FL**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECCHIO, LEONARDO D	12 NAME	
STREET ADDRESS	100 PHOENIX AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	ENFIELD CT	14 CITY - ST - ZIP	
TITLE	PD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VECCHIO, CLAUDIO D	22 NAME	
STREET ADDRESS	100 PHOENIX AVENUE	23 STREET ADDRESS	
CITY - ST - ZIP	ENFIELD CT	24 CITY - ST - ZIP	
TITLE	VTD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEMELLO, ROBERTO	32 NAME	
STREET ADDRESS	100 PHOENIX AVENUE	33 STREET ADDRESS	
CITY - ST - ZIP	ENFIELD CT	34 CITY - ST - ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLI, SUSI	42 NAME	
STREET ADDRESS	100 PHOENIX AVENUE	43 STREET ADDRESS	
CITY - ST - ZIP	ENFIELD CT	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or in an attachment with an address.

SIGNATURE: _____ DATE: **6/27/96** (866) 741-0771

CR2E034 (3/96)