

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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004705 (8)**  
 1. Corporation Name  
**CASUAL CORNER GROUP, INC.**



Principal Place of Business <b>100 PHOENIX AVENUE ENFIELD CT 06083-1700</b>	Mailing Address <b>100 PHOENIX AVENUE ENFIELD CT 06083-1700</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

3. Date Incorporated or Qualified <b>09/27/1995</b>	
4. FEI Number <b>51-0368883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DELVECCHIO, LEONARDO</b>	
STREET ADDRESS	<b>100 PHOENIX AVENUE</b>	
CITY-ST-ZIP	<b>ENFIELD CT</b>	
TITLE	<b>PCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>DELVECCHIO, CLAUDIO</b>	
STREET ADDRESS	<b>100 PHOENIX AVENUE</b>	
CITY-ST-ZIP	<b>ENFIELD CT</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>CHEMELLO, ROBERTO</b>	
STREET ADDRESS	<b>100 PHOENIX AVENUE</b>	
CITY-ST-ZIP	<b>ENFIELD CT</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BELLI, SUSI</b>	
STREET ADDRESS	<b>100 PHOENIX AVENUE</b>	
CITY-ST-ZIP	<b>ENFIELD CT</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>SANTEL, LUCIANO</b>	
STREET ADDRESS	<b>100 PHOENIX AVE.</b>	
CITY-ST-ZIP	<b>ENFIELD CT</b>	
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 checked="" type="checkbox"/> Addition
4.2 NAME	<b>S Eugene Fedla</b>
4.3 STREET ADDRESS	<b>100 Phoenix Ave</b>
4.4 CITY-ST-ZIP	<b>Enfield, CT 06083</b>
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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>Debra Del Vecchio</b>
6.3 STREET ADDRESS	<b>100 Phoenix Ave.</b>
6.4 CITY-ST-ZIP	<b>Enfield, CT 06083</b>

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.

CR2E034 (10/97)

**OFFICERS AND DIRECTORS OF  
CASUAL CORNER GROUP, INC.**

*Business Address:*  
**100 Phoenix Avenue  
Enfield, CT 06083**

Name/Residence Address

Officer/Director

Mr. Leonardo Del Vecchio  
Vial, 10 3221  
Agordo, Belluno  
Italy

Chairman of the Board  
and Director

Claudio Del Vecchio  
3 Toboggan Pass  
Cold Spring Harbor, NY 11724

Vice Chairman of the  
Board, President, Chief  
Executive Officer and  
Director

Roberto Chemello  
Vial, 10 3221  
Agordo Belluno,  
Italy

Executive Vice President,  
Treasurer and Director

Luciano Santel  
V Marcon, 8  
30174 Venezia Mestre  
Italy

Chief Financial Officer

Debra Del Vecchio  
3 Toboggan Pass  
Cold Spring Harbor, NY 11724

Senior Vice President of  
Operations

Eugene Feola  
22 Steeplechase  
Avon, CT 06001

Secretary