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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F95000004705

1. Corporation Name
CASUAL CORNER GROUP, INC.



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
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 owes the current year Intangible Personal Property Tax. 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
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 **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 DELETE

NAME **D DELVECCHIO, LEONARDO**

STREET ADDRESS **100 PHOENIX AVENUE**

CITY-ST-ZIP **ENFIELD CT**

TITLE DELETE

NAME **PCEO DELVECCHIO, CLAUDIO**

STREET ADDRESS **100 PHOENIX AVENUE**

CITY-ST-ZIP **ENFIELD CT**

TITLE DELETE

NAME **VTD CHEMELLO, ROBERTO**

STREET ADDRESS **100 PHOENIX AVENUE**

CITY-ST-ZIP **ENFIELD CT**

TITLE DELETE

NAME **S FEOLA, EUGENE**

STREET ADDRESS **100 PHOENIX AVENUE**

CITY-ST-ZIP **ENFIELD CT 06083**

TITLE DELETE

NAME **CFO SANTEL, LUCIANO**

STREET ADDRESS **100 PHOENIX AVE.**

CITY-ST-ZIP **ENFIELD CT**

TITLE DELETE

NAME **V DEL VECCHIO, DEBRA**

STREET ADDRESS **100 PHOENIX AVE**

CITY-ST-ZIP **ENFIELD CT 06083**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C/D** Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE **VICE CHAIRMAN/P/CEO/D** Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE **V/S** Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **CHIEF OPERATING OFFICER** Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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: _____ DATE: **1/11/99** (860) 741-0771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **LUCIANO SANTEL** Daytime Phone #

CR2E034 (1/98)