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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 03 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500004705 (8)

CASUAL CORNER GROUP, INC.

Principal Place of Business Mailing Address 100 PHOENIX AVENUE 100 PHOENIX AVENUE ENFIELD CT 06083-1700 ENFIELD CT 06082-4470 3. Date incorporated or Qualified 3a. Date of Last Report 09/27/1995 07/09/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 51-0368883 21 26 Not Applicable Suite, Apt. #, etc. Suite Ant. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip **Z**ip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 Name 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6) CEOD DELETÉ TITL F 1.1 TITLE DIRECTOR **X** Change \_\_\_ Addition VECCHIO, LEONARDO D LEONARDO BELVECCHIO NAME 1.2 NAME **100 PHOENIX AVENUE** STREET ADDRESS 1.3 STREET ADDRESS **ENFIELD CT** CITY-ST-ZIP 1.4 City - St - ZiP PU DELETE TITLE Change Addition 2.1 TITLE PRESIDENT & CEO VECCHIO, CLAUDIO D CLAUDIO DELVECCHIO NAME **100 PHOENIX AVENUE** STREET ADDRESS 2.3 STREET ADDRESS **ENFIELD CT** CITY-ST-ZIP 2. 4 CITY - ST-ZIP VIII DELETE TITLE 3.1 TITLE Change Addition CHEMELLO, ROBERTO NAME 3.2 NAME **100 PHOENIX AVENUE** STREET ADDRESS 3.3 STREET ADDRESS **ENFIELD CT** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change 4.1 TITLE Addition BELLI, SUSI NAME 4. 2 NAME 100 PHOENIX AVENUE STREET ADDRESS 4.3 STREET ADDRESS **ENFIELD CT** CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5.1 TITLE CFO. LUCIANO SANTEL NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP 14. I do 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 eath; 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.