

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90099 044 ***150.00

DOCUMENT # F95000004705

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

51-0368883

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

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

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 D ☐ DELETE
NAME DELVECCHIO, LEONARDO
STREET ADDRESS 100 PHOENIX AVENUE
CITY-ST-ZIP ENFIELD CT

TITLE PCEO ☐ DELETE
NAME DELVECCHIO, CLAUDIO
STREET ADDRESS 100 PHOENIX AVENUE
CITY-ST-ZIP ENFIELD CT

TITLE VTD ☐ DELETE
NAME CHEMELLO, ROBERTO
STREET ADDRESS 100 PHOENIX AVENUE
CITY-ST-ZIP ENFIELD CT

TITLE S ☐ DELETE
NAME FEOLA, EUGENE
STREET ADDRESS 100 PHOENIX AVENUE
CITY-ST-ZIP ENFIELD CT 06083

TITLE CFO ☐ DELETE
NAME SANTEL, LUCIANO
STREET ADDRESS 100 PHOENIX AVE.
CITY-ST-ZIP ENFIELD CT

TITLE V ☐ DELETE
NAME 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LUCIANO SANTEL

Date

Daytime Phone #

1/11/99 (860) 741-0771

CR2E034 (1/98)