

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004769 (6)

1. Corporation Name
CASUAL WEAR II, INC.

Principal Place of Business 153 CAHABA VALLEY PARKWAY NORTH PELHAM AL 35124	Mailing Address 153 CAHABA VALLEY PARKWAY NORTH PELHAM AL 35124
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7400 Cahaba Valley Rd		2a. Mailing Address 26 7400 Cahaba Valley Rd		3. Date Incorporated or Qualified 10/21/1993	3a. Date of Last Report 03/27/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 63-1102758	Applied For <input type="checkbox"/> Not Applicable
City & State 22 Birmingham, AL		City & State 27 Birmingham, AL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 23 35242		Country 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 35242		Country 29 35242		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	Exec. V.P. / CEO
NAME	RUTTENBERG, HAROLD	1.2 NAME	Tyra, Eric
STREET ADDRESS	3480 GALLERIA CIR	1.3 STREET ADDRESS	7400 Cahaba Valley Rd
CITY-ST-ZIP	HOOVER AL 35244	1.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE	Director	2.1 TITLE	Exec. V.P. / Sec.
NAME	WABLER, ROBERT	2.2 NAME	Wynne Scott
STREET ADDRESS	1541 FAIRWAY VIEW DR.	2.3 STREET ADDRESS	7400 Cahaba Valley Rd
CITY-ST-ZIP	HOOVER AL 35244	2.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE		3.1 TITLE	Exec. V.P.
NAME		3.2 NAME	Ruttenburg, Don-Allen
STREET ADDRESS		3.3 STREET ADDRESS	7400 Cahaba Valley Rd
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE		4.1 TITLE	Exec. V.P.
NAME		4.2 NAME	Gilburry, Adam
STREET ADDRESS		4.3 STREET ADDRESS	7400 Cahaba Valley Rd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE		5.1 TITLE	Director
NAME		5.2 NAME	Stearns, Sr. Brent
STREET ADDRESS		5.3 STREET ADDRESS	7400 Cahaba Valley Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Birmingham, AL 35242
TITLE		6.1 TITLE	Director
NAME		6.2 NAME	Lazarus, Michael P.
STREET ADDRESS		6.3 STREET ADDRESS	7400 Cahaba Valley Rd
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Birmingham, AL 35242

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.

SIGNATURE _____

CR2E034 (4/97)