

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 19 AM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000005910 (4)

1. Corporation Name

DELMA CITY CENTER CORP.

Principal Place of Business

545 MADISON AVE., 17TH FLOOR
NEW YORK NY 10022

Mailing Address

545 MADISON AVE., 17TH FLOOR
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1994

3a. Date of Last Report

4. FEI Number

APPLIED FOR 13-3798269

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 A JOHN KNOX ROAD
TALLAHASSEE FL 32303-8843

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 607.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME TOROYAN, KEVORK
STREET ADDRESS 545 MADISON AVE., 17TH FL.
CITY-ST-ZIP NEW YORK NY 10022

TITLE V
NAME BARRETT, PATRICK D
STREET ADDRESS 545 MADISON AVE., 17TH FL.
CITY-ST-ZIP NEW YORK NY 10022

TITLE S
NAME TOROYAN, SETA
STREET ADDRESS 545 MADISON AVE., 17TH FL.
CITY-ST-ZIP NEW YORK NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ 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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPE OF PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/11/95 (212) 355-4335
Date Daytime Phone #