

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
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90017 002 ***158.75

DOCUMENT # F94000005910

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

4. FEI Number

13-3798269

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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

21 100 2ND AVENUE SOUTH

Suite, Apt. #, etc.

22 SUITE 201

City & State

23 ST. PETERSBURG, FL

Zip

24 33701

Country

25

2a. Mailing Address

26 444 MADISON AVENUE

Suite, Apt. #, etc.

27 12TH FLOOR

City & State

28 NEW YORK, NY

Zip

29 10022

Country

30 NEW YORK

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

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	CP	□ DELETE
NAME	TOROYAN, KEVORK	
STREET ADDRESS	545 MADISON AVE., 17TH FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	V	□ DELETE
NAME	BARRETT, PATRICK D	
STREET ADDRESS	545 MADISON AVE., 17TH FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	S	□ DELETE
NAME	TOROYAN, SETA	
STREET ADDRESS	545 MADISON AVE., 17TH FL.	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		□ DELETE
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	C/O DELMA PROPERTIES, INC. - 444 MADISON AVE. 12TH FL.	
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	□ Addition
2.2 NAME		
2.3 STREET ADDRESS	C/O DELMA PROPERTIES, INC. - 444 MADISON AVE. 12TH FL.	
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	□ Addition
3.2 NAME		
3.3 STREET ADDRESS	C/O DELMA PROPERTIES, INC. - 444 MADISON AVE. 12TH FL.	
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 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

PATRICK D. BARRETT - EXECUTIVE VICE PRESIDENT

Date

1/12/29

Daytime Phone #

212-355-4335

CR2E034 (11/98)