


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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90017 004 \*\*\*158.75



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000003998</b>					
1. Corporation Name <b>DELMA SOUTHLAND CORP.</b>					
Principal Place of Business <b>545 MADISON AVE. NEW YORK NY 10022</b>			Mailing Address <b>545 MADISON AVE. NEW YORK NY 10022</b>		
2. Principal Place of Business <b>21 7600 Southland Blvd.</b>		2a. Mailing Address <b>26 444 Madison Avenue</b>		3. Date Incorporated or Qualified <b>08/06/1996</b>	
Suite, Apt. #, etc. <b>22 Suite 103</b>		Suite, Apt. #, etc. <b>27 12th Floor</b>		4. FEI Number <b>13-3901450</b>	
City & State <b>23 Orlando, FL</b>		City & State <b>28 New York, NY</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 32809</b>		Zip <b>29 10022</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30 NY</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>POHL, FRANK L ESQ. 280 WEST CANTON AVE., STE. 410 WINTER PARK FL 32789</b>			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 <b>FL</b>		
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	DP	<input type="checkbox"/> DELETE			
NAME	TOROYAN, KEVORK				
STREET ADDRESS	545 MADISON AVE.				
CITY-ST-ZIP	NEW YORK NY 10022				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	BARRETT, PATRICK D				
STREET ADDRESS	545 MADISON AVE.				
CITY-ST-ZIP	NEW YORK NY 10022				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	TOROYAN, SETA				
STREET ADDRESS	545 MADISON AVE.				
CITY-ST-ZIP	NEW YORK NY 10022				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

**PATRICK D. BARRETT, EXECUTIVE VICE PRESIDENT**

Date

1/13/99

Daytime Phone #

212-355-4335

CR2E034 (11/98)