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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87320

(1)

FILED
Feb 05 1997 8:00am
Secretary of State

1. Corporation Name DELRAY VILLAGE SHOPS, INC. Principal Place of Business **WAFRA INVESTMENT ADVISORY GROUP INC 9 W 57 STR. 38 FLOOR NEW YORK NY 10019 US Mailing Address **WAFRA INVESTMENT ADVISORY GROUP INC 9 W 57 STR. 38 FLOOR NEW YORK NY 10019-2701 US				3. Date Incorporated or Qualified 3a. Date of Last Report	
				06/28/1988	03/26/1996
2. Principal Place of Business 21 Suite, Apt. #, etc.		2e. Mailing Address 26 Suite. Apt. #, etc.		4. FEI Number 58-1799493	Applied For Not Applicable
				\$9.75 Additional	
22	- V. A. I.	27		5. Certificate of Status Desired	Fee Required
City & St	tate	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees or intangible tax under s 199.032,
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre			10. Name and Address of New I	Registered Agent
	orporation service compan' 201 hays St.	T	81 Name		
	ALLAHASSEE FL 32301		82 Street Add	dress (P.O. Box Number is Not Accept	lable)
••			83		
			04 6:4		
			84 City		FL 85 Zip Code
agent	Lam familiar with, and accept the oblig	gations of Section 607.0505, I	s authorized by the corpora Florida Statutes.	rporation submits this statement for the ation's board of directors. I hereby acc	cept the appointment as registered
SIGNATUR	E Signature, type for printed name of region red ag OFFICERS AN	is candidu fappinabe (No ND DIRECTORS	DTE Hogestered Agent's gnature req.	ured when reinstaling)	DAYE FICERS AND DIRECTORS IN 12
SIGNATURI 12. TILE	E Stip-stare, type for profed name of region red ag OFFICERS AN	ex and the Lapphitable (NO	DTE Flogistered Agent's gnature req. 13. 1.1 HTvE	ured when reinstaling)	DATE
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4. I do 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 inchanged, or on an attachment with an address.

SIGNATURE:

ATUNE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 (DID)759-3700