

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

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Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M87320** (1)
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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 58-1799493	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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 CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	
NAME	ANTHONY G. BARBUTO	1.2 NAME	
STREET ADDRESS	9 W. 57TH ST #38	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	
NAME	KHOJJA, MOHAMAD J.	2.2 NAME	
STREET ADDRESS	9 W. 57TH ST., #38	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	
NAME	MINA, WILLIAM	3.2 NAME	DVS
STREET ADDRESS	9 W. 57TH ST #38	3.3 STREET ADDRESS	LIVELY, FRANK
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	9 W 57TH ST. #38
TITLE		4.1 TITLE	VP
NAME		4.2 NAME	MCLAIN, DAVID
STREET ADDRESS		4.3 STREET ADDRESS	9 W 57TH ST #38
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW YORK NY
TITLE		5.1 TITLE	Asst. Secy
NAME		5.2 NAME	Barbuto, Brian
STREET ADDRESS		5.3 STREET ADDRESS	9 W 57TH ST. #38
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NEW YORK, NY
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

[Signature]

Asst Secy

3/6/98

(212) 709-3700

CR2E034 (10/97)