

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**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90102 032 \*\*\*158.75

**DOCUMENT # M87320**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/28/1988**

4. FEI Number

**58-1799493**

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

8. This corporation owes the current year intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business **C/O WAFRA**  
**INVESTMENT ADVISORY GROUP INC.**

2a. Mailing Address **C/O WAFRA**  
**INVESTMENT ADVISORY GROUP INC.**

Suite, Apt. #, etc.

**345 PARK AVENUE, 41ST FLOOR**

Suite, Apt. #, etc.

**345 PARK AVENUE, 41ST FLOOR**

City & State

**NEW YORK NY**

City & State

**NEW YORK NY**

Zip Country  
**10154-0101 USA**

Zip Country  
**10154-0101 USA**

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DV** ☐ DELETE  
NAME **ANTHONY G. BARBUTO**  
STREET ADDRESS **9 W. 57TH ST #38**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **DP** ☐ DELETE  
NAME **KHOJJA, MOHAMAD J.**  
STREET ADDRESS **9 W. 57TH ST., #38**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **DVS** ☐ DELETE  
NAME **LIVELY, FRANK**  
STREET ADDRESS **9 W. 57TH ST #38**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **VP** ☐ DELETE  
NAME **MCLAIN, DAVID**  
STREET ADDRESS **9 W 57TH ST #38**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **AS** ☒ DELETE  
NAME **BRIODY, BRIAN**  
STREET ADDRESS **9 W 57TH ST #38**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DIRECTOR AND TREASURER** ☒ Change ☐ Addition  
1.2 NAME **ANTHONY G. BARBUTO**  
1.3 STREET ADDRESS **345 PARK AVENUE, 41ST FLOOR DT**  
1.4 CITY-ST-ZIP **NEW YORK, NY 10154-001**

2.1 TITLE **DIRECTOR AND PRESIDENT** ☒ Change ☐ Addition  
2.2 NAME **DR. MOHAMAD W. KHOJJA**  
2.3 STREET ADDRESS **345 PARK AVENUE, 41ST FLOOR DP**  
2.4 CITY-ST-ZIP **NEW YORK, NY 10154-0101**

3.1 TITLE **SENIOR VICE PRESIDENT** ☒ Change ☐ Addition  
3.2 NAME **FRANK A. LIVELY**  
3.3 STREET ADDRESS **345 PARK AVENUE, 41ST FLOOR**  
3.4 CITY-ST-ZIP **NEW YORK, NY 10154-0101**

4.1 TITLE **VICE PRESIDENT AND SECRETARY** ☒ Change ☐ Addition  
4.2 NAME **DAVID T. MCLAIN**  
4.3 STREET ADDRESS **345 PARK AVENUE, 41ST FLOOR VS**  
4.4 CITY-ST-ZIP **NEW YORK, NY 10154-0101**

5.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
5.2 NAME **EDWARD J. RYAN**  
5.3 STREET ADDRESS **345 PARK AVENUE, 41ST FLOOR V**  
5.4 CITY-ST-ZIP **NEW YORK, NY 10154-0101**

6.1 TITLE **ASSISTANT SECRETARY** ☐ Change ☒ Addition  
6.2 NAME **CHRISTOPHER MCCARTHY**  
6.3 STREET ADDRESS **345 PARK AVENUE, 41ST FLOOR**  
6.4 CITY-ST-ZIP **NEW YORK, NY 10154-0101**

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:

**ANTHONY G. BARBUTO**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/99 (212) 759-3700**

Date

Daytime Phone #

**ANTHONY G. BARBUTO, DIRECTOR AND TREASURER**

CR2E034 (11/98)