

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 90046 042 ***158.75

DOCUMENT # P96000072577

1. Corporation Name

DELMA REALTY SERVICES, INC.



Principal Place of Business

545 MADISON AVENUE
17TH FLOOR
NEW YORK NY 10022

Mailing Address

545 MADISON AVENUE
17TH FLOOR
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/30/1996

4. FEI Number

59-3400007

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$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

FRANCIS, ROBERT A JR.
100 2ND AVENUE SOUTH
SUITE 201S
ST. PETERSBURG FL 33701

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 D ☐ DELETE
NAME TOROYAN, KEVORK
STREET ADDRESS 545 MADISON AVENUE, 17TH FLOOR % DELMA
CITY-ST-ZIP NEW YORK NY 10022

TITLE V ☐ DELETE
NAME BARRETT, PATRICK D
STREET ADDRESS 545 MADISON AVE., 17TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE
NAME TOROYAN, SETA
STREET ADDRESS 545 MADISON AVE, 17TH FLOOR
CITY-ST-ZIP NEW YORK NY

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 FLOOR
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, or on an attachment with an address, with all other like empowered.

SIGNATURE

PATRICK D. BARRETT - NEW YORK

1/12/99

Date

212-355-4335

Daytime Phone #

CR2E034 (11/98)