FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 184373 (9)

1. Corporation Name
TIMES SQUARE SHOPPING CENTER INC

Principal Place of Business
C/O ARTHUR M. DRUJAK, CPA
3690 W. COMMERCIAL BLVD., SUITE 217
FT LAUDERDALE FL 33309-3326
US

Mailing Address
C/O ARTHUR M. DRUJAK, CPA
3690 W. COMMERCIAL BLVD., SUITE 217
FT LAUDERDALE FL 33309-3326
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1955
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-0812482 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FOCKE, HENRY R JR.
3038 N. FEDERAL HIGHWAY, BLDG. B-C-D
FT. LAUDERDALE FL 33306

10. Name and Address of New Registered Agent
81 Name: Dr. Norman Roberts
82 Street Address (P.O. Box Number is Not Acceptable): 3038 N. Federal Hwy. Bldg. H
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33306

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: D. A. Roberts — DATE: 4/14/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	YOHANAN, SAM	1.2 NAME	
STREET ADDRESS	2656 N.E. 37TH DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	PD ☒ Change ☐ Addition
NAME	FOCKE, HENRY R., JR.	2.2 NAME	Dr. Norman Roberts
STREET ADDRESS	3038 N. FEDERAL HWY.	2.3 STREET ADDRESS	3038 N. Federal Hwy. #H
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33306
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BOTKIN, STEPHEN J	3.2 NAME	
STREET ADDRESS	2713 N.E. 21ST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the attachment with an address.

SIGNATURE: D. A. Roberts — Date: 4/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Dr. Norman Roberts

Daytime Phone #

081840 CF