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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **184373** (9)

1. Corporation Name
TIMES SQUARE SHOPPING CENTER INC

Principal Place of Business	Mailing Address
C/O ARTHUR M. DRUJAK, CPA 3890 W. COMMERCIAL BLVD., SUITE 217 FT LAUDERDALE FL 33309-3326 US	C/O ARTHUR M. DRUJAK, CPA 3890 W. COMMERCIAL BLVD., SUITE 217 FT LAUDERDALE FL 33309-3319 US

3. Date Incorporated or Qualified: 04/06/1955
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 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 HWY BLDG H
FT. LAUDERDALE FL 33306

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CUFFARO, KATHRYN		1.2 NAME	
STREET ADDRESS	9371 NW 41ST PL		1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, NORMAN DR.		2.2 NAME	
STREET ADDRESS	3038 N FEDERAL HWY #H		2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	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	PD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FOCKE, HENRY R JR		4.2 NAME	
STREET ADDRESS	3038 N FEDERAL HWY,BLD H		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 if changed, or on an attachment with an address.

SIGNATURE: Henry R Focke President 1/9/97 (954) 566 2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Henry R. Focke, Jr.