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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P92000000969 (5)

1. Corporation Name
TIME SQUARE ENTERPRISES, INC.

Principal Place of Business
2527 OLD VINELAND RD.
MANUFACTURES MALL
KISSIMMEE FL 34746-5840

Mailing Address
2527 OLD VINELAND RD.
MANUFACTURES MALL
KISSIMMEE FL 34746-5840



3. Date Incorporated or Qualified 10/26/1992
3a. Date of Last Report 08/23/1996

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

4. FEI Number	Applied For
59-3231966	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

10. Name and Address of New Registered Agent

GOLAM, SADAT
118 WEST ORANGE STREET
ALTAMONTE SPRINGS FL 32714

81 Name GOLAM, SADAT
82 Street Address (P.O. Box Number is Not Acceptable)
2527 OLD VINELAND Rd
83 MANUFACTURES MALL
84 City KISSIMMEE FL 85 Zip Code 34746-5840

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

AR Simon

2-28-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change Addition
NAME	GOLAM, SADAT	1.2 NAME	
STREET ADDRESS	1392 MEADOW BROOK ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34744	1.4 CITY - ST - ZIP	
TITLE	PS	2.1 TITLE	Change Addition
NAME	MOHAMMED, RAHMAN	2.2 NAME	
STREET ADDRESS	1314 BOULDER DR., #A	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34744	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		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 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: *AR Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97

DATE

DAYTIME PHONE #

CR2E034 (9/96)