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95 MAY -1 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # 838297 (0)

1. Corporate Name
KIMZAY CORP.

600001471536
-05/02/95--01138--001
***1200.00 ****200.00

Principal Place of Business
1044 NORTHERN BLVD.
ROSLYN NY 11576

Mailing Address
1044 NORTHERN BLVD.
ROSLYN NY 11576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1977
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business
21 KIMCO REALTY CORPORATION
22 3333 New Hyde Park Rd., Suite 100
23 City & State: P.O. Box 5020 New Hyde Park, NY 11042-0020
Zip / Country

2a. Mailing Address
26 KIMCO REALTY CORPORATION
27 3333 New Hyde Park Rd., Suite 100
28 City & State: P.O. Box 5020 New Hyde Park, NY 11042-0020
Zip / Country

4. FEI Number: 13-2587863 — 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

		13. KIMCO REALTY CORPORATION 3333 New Hyde Park Rd., Suite 100 P.O. Box 5020 New Hyde Park, NY 11042-0020
TITLE	D	☐ Change ☐ Addition
NAME	COOPER, MILTON	
STREET ADDRESS	1044 NORTHERN BLVE	
CITY, ST, ZIP	ROSLYN NY	
TITLE	D	☑ Change ☐ Addition
NAME	KIMMEL, MARTIN	
STREET ADDRESS	1044 NORTHERN BLVD	same as above
CITY, ST, ZIP	ROSLYN NY	
TITLE	P	☑ Change ☐ Addition
NAME	SAMBER, DAVID	
STREET ADDRESS	1044 NORTHERN BLVD	same as above
CITY, ST, ZIP	ROSLYN NY	
TITLE	VP	☑ Change ☐ Addition
NAME	WEISS, ALEX	
STREET ADDRESS	1044 NORTHERN BLVD	same as above
CITY, ST, ZIP	ROSLYN NY	
TITLE	T	☑ Change ☐ Addition
NAME	PETRA, LOUIS	
STREET ADDRESS	1044 NORTHERN BLVD	same as above
CITY, ST, ZIP	ROSLYN NY	
TITLE	S	☐ Change ☐ Addition
NAME	SCHULMAN, ROBERT	
STREET ADDRESS	1044 NORTHERN BLVD	same as above
CITY, ST, ZIP	ROSLYN NY	

14. I hereby certify that the information supplied with this form is accurately furnished and 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 (attached if applicable) with an address.

SIGNATURE: 4/24/95 516 869 7256

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0001014 CP