

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **838297** (0)
1. Corporation Name
KIMZAY CORP.



Principal Place of Business KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/27/1977	
				4. FEI Number 13-2587863	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	
				B5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, MILTON	1.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KIMMEL, MARTIN	2.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	FLYNN, MIKE	3.2 NAME	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O. BOX 5020	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	WEISS, ALEX	4.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	PETRA, LOUIS	5.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHULMAN, ROBERT	6.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	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.

SIGNATURE: _____

CR2E034 (10/97)