

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90026 001 *2,100.00

DOCUMENT # 838297

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/27/1977

4. FEI Number
13-2587863

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME COOPER, MILTON
STREET ADDRESS 3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP NEW HYDE PK NY 11042

TITLE D ☐ DELETE
NAME KIMMEL, MARTIN
STREET ADDRESS 3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP NEW HYDE PK NY 11042

TITLE P ☐ DELETE
NAME FLYNN, MIKE
STREET ADDRESS 3333 NEW HYDE PARK RD., P.O. BOX 5020
CITY-ST-ZIP NEW HYDE PK. NY

TITLE VP ☐ DELETE
NAME WEISS, ALEX
STREET ADDRESS 3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP NEW HYDE PK. NY 11042

TITLE T ☐ DELETE
NAME PAPPAGALLO, MIKE
STREET ADDRESS 3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE S ☐ DELETE
NAME KAUDERER, BRUCE
STREET ADDRESS 3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP NEW HYDE PK. NY 11042

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP 11042

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)