

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000006384 (1)**

1. Corporation Name
KCH ACQUISITION, INC.



Principal Place of Business: **KIMCO REALTY CORP., P.O. BOX 5020, NEW HYDE PK NY 11042**
Mailing Address: **KIMCO REALTY CORP., P.O. BOX 5020, NEW HYDE PK NY 11042**

3. Date Incorporated or Qualified: **12/14/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **11-3238575**
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

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

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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: _____ (NOTE: Registered Agent's signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMBER, DAVID M	1.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PARK NY 11042	1.4 CITY - ST - ZIP	
TITLE	CFO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRA, LOUIS	2.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PARK NY 11042	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, ROBERT	3.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK RD. 100	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PK NY 11042	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	4.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PARK NY 11042	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	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	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN	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	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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: *[Signature]* **LOUIS PETRA** 4-16-96 516-869-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)