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FILED
May 19 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 # 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 11042-0020

3. Date Incorporated or Qualified **12/14/1994** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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 _____ DATE _____
Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SAMBER, DAVID M	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY - ST - ZIP	NEW HYDE PK.R NY 11042	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	PETRA, LOUIS	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY - ST - ZIP	NEW HYDE PARK NY 11042	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHULMAN, ROBERT	
STREET ADDRESS	3333 NEW HYDE PK RD. 100	
CITY - ST - ZIP	NEW HYDE PK NY 11042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY - ST - ZIP	NEW HYDE PARK NY 11042	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEISS, ALEX	
STREET ADDRESS	3333 NEW HYDE PK.RD. 100	
CITY - ST - ZIP	NEW HYDE PARK NY 11042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMMEL, MARTIN	
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

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	mile firon	
1.3 STREET ADDRESS	3333 New Hyde Park Road	
1.4 CITY - ST - ZIP	PO Box 5020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, unchanged, or on an attachment with an address.

SIGNATURE:  **LOUIS PETRA** **CFO** **4/18/97** **5168699008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Year Telephone No. **0008701**

CR2E034 (9/96)