


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F99000003176</b>					
1. Entity Name KIMCO AUTOVENTURE, INC.					
Principal Place of Business 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042			Mailing Address 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>52-2077426</b>	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHINDLER, MICHAEL		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLYNN, MICHAEL J		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAPPAGALLO, MICHAEL V		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUDERER, BRUCE M		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, GLENN		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARMAK, JOEL I		NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PARK NY 11042		CITY-ST-ZIP		



MOORE CR2E034 (11/03)

52-2077426

\$8.75 Additional Fee Required

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

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Make Check Payable to Florida Department of State

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04/28/04-80065-001 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **4-204 51689100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_