

**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 # P94000009087 (5)

1. Corporation Name  
**KIMCO 120 O/P, INC.**



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**

3. Date Incorporated or Qualified: **02/04/1994**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0471149**  
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 (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable): **100001797561**  
83. **-04/29/96--01023--004**  
84. City: **\*\*\*2400.00** FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMMEL, MARTIN S	
STREET ADDRESS	33333 NEW HYDE PK. PLAGE 100	
CITY-ST-ZIP	NEW HYDE PARK 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	P	<input type="checkbox"/> DELETE
NAME	SAMBER, DAVID M	
STREET ADDRESS	3333 NEW HYDE PK. RD. STE. 100	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETRA, LOUISE	
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 PARK RD. 100	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEISS, ALEX	
STREET ADDRESS	3333 NEW HYDE PARK RD. 100	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	road suite 100
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	suite 100
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	suite 100
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Louis Petra
4.3 STREET ADDRESS	suite 100
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	suite 100
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	suite 100
6.4 CITY-ST-ZIP	

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 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, the member, 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 assignment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/16/96**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Louis Petra**  
DATE: **4/16/96**  
STAMP: **516869488**  
DATE: **5-11-96**

CR2E034 (12/95)