

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

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
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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 11042-0020
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3. Date Incorporated or Qualified 02/04/1994	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0471149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	mike Flynn
3.4 CITY-ST-ZIP	3333 New Hyde Park Road
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PO Box 5020
4.3 STREET ADDRESS	New Hyde Park, NY 11042-0020
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 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/28/97** DAYTIME PHONE #: **5168699000**

CR2E034 (9/96)