

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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



MOORE CR2E034 (11/03)

| | | | | | | | |
|--|--------------------------------------|---------------------------------|--|---|---|---|--|
| DOCUMENT # P94000009087 | | | | 1. Entity Name | | KIMCO 120 O/P, INC. | |
| Principal Place of Business | | | | Mailing Address | | | |
| 3333 NW HYDE PARK RD SUITE 100 NEW HYDE PARK NY 11042 | | | | KIMCO REALTY CORP. P.O. BOX 5020 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 | | | | 65-0471149 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 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"/> \$5.00 May Be Added to Fees | | | |
| 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 | 33333 NEW HYDE PK. RD SUITE 100 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW HYDE PARK NY 11042 | | | CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | COOPER, MILTON | | | NAME | | | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. SUITE 100 | | | STREET ADDRESS | U00000136402 | | |
| CITY-ST-ZIP | NEW HYDE PARK NY 11042 | | | CITY-ST-ZIP | 04/28/04-80089-022 150.00 | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | FLYNN, MIKE | | | NAME | | | |
| STREET ADDRESS | 3333 NEW HYDE PARK RD., P.O BOX 5020 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW HYDE PARK NY 11042 | | | CITY-ST-ZIP | | | |
| TITLE | CFO | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | PAPPAGALLO, MIKE | | | NAME | | | |
| STREET ADDRESS | 3333 NEW HYDE PK. RD. SUITE 100 | | | 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 RD. SUITE 100 | | | 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 RD. SUITE 100 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW HYDE PARK NY 11042 | | | CITY-ST-ZIP | | | |

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:  **4-22-04 96869900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #