

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 MAY -1 PM 3: 57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-05/02/95--01138--001
***1200.00 ***200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S08373 (0)**

1. Corporation Name:
KIMZERN INC.

Principal Place of Business: **% THE KIMCO CORPORATION
1044 NORTHERN BLVD.
ROSLYN NY 11576**

Mailing Address: **% THE KIMCO CORPORATION
1044 NORTHERN BLVD.
ROSLYN NY 11576**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

22. **KIMCO REALTY CORPORATION**

23. **3333 New Hyde Park Rd., Suite 100**

24. **P.O. Box 5020
New Hyde Park, NY 11042-0020**

3. Date Incorporated or Qualified: **10/24/1990**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **11-3035885**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

Election Campaign Financing: \$5.00 May Be Added to Fees

Trust Fund Contribution:

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

6. Name and Address of Current Registered Agent:

**CT CORPORATION SYSTEM
1200 S. 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

85. FL

86. 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: COOPER, MILTON STREET ADDRESS: 1044 NORTHERN BLVD CITY, ST, ZIP: ROSLYN NY	11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: KIMMEL, MARTIN STREET ADDRESS: 1044 NORTHERN BLVD CITY, ST, ZIP: ROSLYN NY	12. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P	NAME: SAMBER, DAVID STREET ADDRESS: 1044 NORTHERN BLVD CITY, ST, ZIP: ROSLYN NY	13. STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP	NAME: WEISS, ALEX STREET ADDRESS: 1044 NORTHERN BLVD CITY, ST, ZIP: ROSLYN NY	14. CITY, ST, ZIP	same as above
TITLE: T	NAME: PETRA, LOUIS STREET ADDRESS: 1044 NORTHERN BLVD CITY, ST, ZIP: ROSLYN NY	15. CITY, ST, ZIP	same as above
TITLE: S	NAME: SCHULMAN, ROBERT STREET ADDRESS: 1044 NORTHERN BLVD CITY, ST, ZIP: ROSLYN NY	16. CITY, ST, ZIP	same as above
		17. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		18. STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		19. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		20. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		28. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		29. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		30. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied herein has been voluntarily furnished and that I am not a party to the preparation of this report and that the information 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 secretary or treasurer empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attached sheet with an addition.

SIGNATURE: _____

4/25/95

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