

**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 # **S08373 (0)**  
1. Corporation Name  
**KIMZFERN INC.**



Principal Place of Business		Mailing Address	
% THE KIMCO CORPORATION P.O. BOX 5020 NEW HYDE PK. NY 11042		% THE KIMCO CORPORATION P.O. BOX 5020 NEW HYDE PK. NY 11042	
21	22	26	27
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country

3. Date Incorporated or Qualified <b>10/24/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>11-3035885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent or officer, as applicable. (Official Registration Agent signature required when registering.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>COOPER, MILTON</b>		1.2 NAME				
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 1000</b>		1.3 STREET ADDRESS				
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>		1.4 CITY-ST-ZIP				
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>KIMMEL, MARTIN</b>		2.2 NAME				
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>		2.4 CITY-ST-ZIP				
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SAMBER, DAVID</b>		3.2 NAME				
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>		3.3 STREET ADDRESS				
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>		3.4 CITY-ST-ZIP				
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>WEISS, ALEX</b>		4.2 NAME				
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>		4.3 STREET ADDRESS				
CITY-ST-ZIP	<b>NEW HYDEPK NY 11042</b>		4.4 CITY-ST-ZIP				
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>PETRA, LOUIS</b>		5.2 NAME				
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>		5.3 STREET ADDRESS				
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>		5.4 CITY-ST-ZIP				
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SCHULMAN, ROBERT</b>		6.2 NAME				
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>		6.3 STREET ADDRESS				
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>		6.4 CITY-ST-ZIP				

**100001797551**  
**-04/29/96--01023--003**  
**\*\*\*1200.00**

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 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: **Louis Petra** 4-16-96 368699000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #  
 56-4-26-96

CR2E034 (12/95)