

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

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**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90026 001 \*2,100.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S08373**

1. Corporation Name  
**KIMZFERN INC.**

Principal Place of Business % THE KIMCO CORPORATION P.O. BOX 5020 NEW HYDE PK. NY 11042	Mailing Address % THE KIMCO CORPORATION P.O. BOX 5020 NEW HYDE PK. NY 11042
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 11-3035885	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. 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 FL 85 Zip Code
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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 and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME COOPER, MILTON	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3333 NEW HYDE PK. RD. 1000	CITY-ST-ZIP NEW HYDE PK NY 11042	12 NAME	13 STREET ADDRESS Suite P.O. Box 5020
TITLE D	NAME KIMMEL, MARTIN	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	CITY-ST-ZIP NEW HYDE PK NY 11042	22 NAME	23 STREET ADDRESS
TITLE P	NAME FLYNN, MIKE	31 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020	CITY-ST-ZIP NEW HYDE PK NY	32 NAME	33 STREET ADDRESS
TITLE VP	NAME WEISS, ALEX	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	CITY-ST-ZIP NEW HYDEPK NY 11042	42 NAME	43 STREET ADDRESS
TITLE T	NAME PAPPAGALLO, MIKE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	CITY-ST-ZIP NEW HYDE PK. NY 11042	52 NAME	53 STREET ADDRESS
TITLE S	NAME KAUDERER, BRUCE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 3333 NEW HYDE PK. RD. 100	CITY-ST-ZIP NEW HYDE PK. NY 11042	62 NAME	63 STREET ADDRESS
		64 CITY-ST-ZIP	

14. 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 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 registered agent 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 with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 1/6/99 Daytime Phone #: 516-869-9000

CR2E034 (1/98)