

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 # 580973 (6)

1. Corporation Name

KIMCO OF TAMPA, INC.



Principal Place of Business

Mailing Address

KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PARK NY 11042-0020

KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PARK NY 11042-0020

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/02/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

11-2513372

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and date of signature

Signature, typed or printed name of registered agent and date of signature

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
D
COOPER, MILTON
STREET ADDRESS
3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP
NEW HYDE PARK NY 11042

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
D
KIMMEL, MARTIN
STREET ADDRESS
3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP
NEW HYDE PARK NY 11042

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
P
SAMBER, DAVID
STREET ADDRESS
3333 NEW HYDE PARK RD. 100
CITY-ST-ZIP
NEW HYDE PARK NY 11042

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
VP
WEISS, ALEX
STREET ADDRESS
3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP
NEW HYDE PARK NY 11042

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
T
PETRA, LOUIS
STREET ADDRESS
3333 NEW HYDE PARK RD. 100
CITY-ST-ZIP
NEW HYDE PARK NY 11042

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
S
SCHULMAN, ROBERT
STREET ADDRESS
3333 NEW HYDE PK. RD. 1000
CITY-ST-ZIP
NEW HYDE PARK NY 11042

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Petra

4-16-96

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CR2E034 (12/95)