FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 3: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 309307 (7)

1. Corporation Name
KIMZAY OF FLORIDA, INC.

300001471533
-05/02/95--01138--001
***1200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1044 NORTHERN BLVD. P.O. BOX C ROSLYN NY 11576	1044 NORTHERN BLVD. P.O. BOX C ROSLYN NY 11576

3. Date Incorporated or Qualified: 09/23/1966
3a. Date of Last Report: 04/27/1994
4. FEI Number: 13-2587853 — Applied For / Not Applicable

2. Principal Place of Business:
KIMCO REALTY CORPORATION
3333 New Hyde Park Rd., Suite 100
P.O. Box 5020
New Hyde Park, NY 11042-0020

2a. Mailing Address:
KIMCO REALTY CORPORATION
3333 New Hyde Park Rd., Suite 100
P.O. Box 5020
New Hyde Park, NY 11042-0020

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

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

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	KIMCO REALTY CORPORATION 3333 New Hyde Park Rd., Suite 100 P.O. Box 5020 New Hyde Park, NY 11042-0020 ☒ Change ☐ Addition
NAME	COOPER, MILTON	
STREET ADDRESS	1044 NORTHERN BLVD	
CITY-ST-ZIP	ROSLYN NY	
TITLE	D	same as above ☒ Change ☐ Addition
NAME	KIMMEL, MARTIN	
STREET ADDRESS	1044 NORTHERN BLVD	
CITY-ST-ZIP	ROSLYN NY	
TITLE	P	same as above ☒ Change ☐ Addition
NAME	SAMBER, DAVID	
STREET ADDRESS	1044 NORTHERN BLVD	
CITY-ST-ZIP	ROSLYN NY	
TITLE	VP	same as above ☒ Change ☐ Addition
NAME	WEISS, ALEX	
STREET ADDRESS	1044 NORTHERN BLVD	
CITY-ST-ZIP	ROSLYN NY	
TITLE	T	same as above ☒ Change ☐ Addition
NAME	PETRA, LOUIS	
STREET ADDRESS	1044 NORTHERN BLVD	
CITY-ST-ZIP	ROSLYN NY	
TITLE	S	same as above
NAME	SCHULMAN, ROBERT	
STREET ADDRESS	1044 NORTHERN BLVD	
CITY-ST-ZIP	ROSLYN NY	

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)(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 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: [signature] 4/28/95 516 869-7250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0001029 CP