

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 # 404395 (6)

1. Corporation Name

BRENDA PROPERTIES, INC.



Principal Place of Business

Mailing Address

KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PK. NY 11042

KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PK. NY 11042

3. Date Incorporated or Qualified

06/30/1972

3a. Date of Last Report

05/01/1995

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

4. FEI Number

11-2727694

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

9. Name and Address of Current Registered Agent

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 in applicable block

DATE Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME S
SCHULMAN, ROBERT
STREET ADDRESS 3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP NEW HYDE PK NY 11042

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

400001797544
-04/29/96--01023--002
***1400.00

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 attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Petra

4-16-96

56869-9000

56869-9000

CR2E034 (12/95)