

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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 580973 (6)**

1. Corporation Name **KIMCO OF TAMPA, INC.**

*702*



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020</b>	Mailing Address <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020</b>
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3. Date Incorporated or Qualified <b>08/02/1978</b>	
4. FEI Number <b>11-2513372</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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

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	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 \_\_\_\_\_  
Signature type or check box 4 of 4 is checked sign and then applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, MILTON</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMMEL, MARTIN</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FLYNN, MIKE</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, ALEX</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RETRA, LOUIS</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. 100</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULMAN, ROBERT</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 1000</b>	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>mike Pappagallo</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Bruce Landerer</i>
6.3 STREET ADDRESS	
6.4 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 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 \_\_\_\_\_

CR2E034 (10/97)