

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

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

03-17-1999 90026 001 *2,100.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 580973

1. Corporation Name
KIMCO OF TAMPA, INC.

Principal Place of Business KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 08/02/1978	
4. FEI Number 11-2513372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input 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	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	COOPER, MILTON
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042
TITLE	D <input type="checkbox"/> DELETE
NAME	KIMMEL, MARTIN
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042
TITLE	P <input type="checkbox"/> DELETE
NAME	FLYNN, MIKE
STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	NEW HYDE PARK NY
TITLE	VP <input type="checkbox"/> DELETE
NAME	WEISS, ALEX
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042
TITLE	T <input type="checkbox"/> DELETE
NAME	PAPPAGALLO, MIKE
STREET ADDRESS	3333 NEW HYDE PARK RD. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042
TITLE	S <input type="checkbox"/> DELETE
NAME	KAUDERER, BRUCE
STREET ADDRESS	3333 NEW HYDE PK. RD. 1000
CITY-ST-ZIP	NEW HYDE PARK NY 11042

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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, with all other lists empowered.

SIGNATURE: Michael V. Pappagallo Date: 1/6/99 Daytime Phone #: 8516-869-9000

CR2E034 (11/98)