

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 # **819977** (0)
1. Corporation Name
THE KIMCO CORPORATION



Principal Place of Business
**KIMCO REALTY CORP.
P.O. BOX 5020
NEW HYDE PK NY 11042**

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

3. Date Incorporated or Qualified **10/19/1966** 3a. Date of Last Report **05/01/1995**

4. FEI Number **13-6115192** 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

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 29 Zip Country 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 **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 _____
Signature (typed or printed name of registered agent and shareholder) NOTE: Registered Agent signature required when not starting

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 PK. NY 11042	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMMEL, MARTIN	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SAMBER, DAVID	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEISS, ALEX	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETRA, LOUIS	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	S	<input type="checkbox"/> DELETE
NAME	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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

100001797541
~~04/23/96~~ ~~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 attachment with an address.

SIGNATURE: **LOUIS PETRA** 4-16-96 516869-4000
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)