

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

FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **819977** (0)

1. Corporation Name  
**THE KIMCO CORPORATION**



Principal Place of Business <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042</b>	Mailing Address <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042-0020</b>
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3. Date Incorporated or Qualified <b>10/19/1966</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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4. FEI Number <b>13-6115192</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 <b>FL</b> 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	<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 PK. 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 PK. NY 11042</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SAMBER, DAVID</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK. NY 11042</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 PK. NY 11042</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PETRA, LOUIS</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK. NY 11042</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULMAN, ROBERT</b>	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	
CITY - ST - ZIP	<b>NEW HYDE PK 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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>mike gann President</b>
3.3 STREET ADDRESS	<b>3333 New Hyde Park Road</b>
3.4 CITY - ST - ZIP	<b>PO Box 5020 New Hyde Park, NY 11042-0020</b>
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 do 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:  **LOUIS PETRA** REQUIRED **LOUIS PETRA** 4/28/97 5168699000

DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CP2E034 (9/96)