

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 819977 (0)

1. Corporation Name
THE KIMCO CORPORATION

100



DO NOT WRITE IN THIS SPACE

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
---	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/19/1966	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 13-6115192	Applied For Not Applicable
24. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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
				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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, MILTON		1.2 NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK. NY 11042		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN		2.2 NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK. NY 11042		2.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLYNN, MIKE		3.2 NAME		
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK. NY		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEISS, ALEX		4.2 NAME		
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK. NY 11042		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETRA, LOUIS		5.2 NAME	mike parragallo	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK. NY 11042		5.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULMAN, ROBERT		6.2 NAME	BRUCE KAUSERER	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW HYDE PK NY 11042		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)