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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

DOCUMENT # 824662

(1)

1. Corporation Name  
PERMELYNN CORPORATION

Principal Place of Business

KIMCO REALTY CORP.  
P.O. BOX 5020  
NEW HYDE PK 11042

Mailing Address

KIMCO REALTY CORP.  
P.O. BOX 5020  
NEW HYDE PK 11042-0020

3. Date Incorporated or Qualified  
06/11/1970

3a. Date of Last Report  
04/26/1996

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

4. FEI Number

13-2660042

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME COOPER, MILTON  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE D  
NAME KIMMEL, MARTIN  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK. NY 11042

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE P  
NAME SAMBER, DAVID  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE VP  
NAME WEISS, ALEX  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE T  
NAME PETRA, LOUIS  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE S  
NAME SCHULMAN, ROBERT  
STREET ADDRESS 3333 NEW HYDE PARK RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS PETRA 4/18/97

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