

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. Northam Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1970	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2660042	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0102 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 town of applicable

(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 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	PEIRA, LOUIS			5.2 NAME			
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			
STREET ADDRESS	3333 NEW HYDE PARK 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:

Michael V. Pappagallo

4/30/98 568699000

CR2E034 (10/97)