

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandria B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **825420** (3)

1. Corporation Name
KIMCO PROPERTIES, INC.



Principal Place of Business Mailing Address
**KIMCO REALTY CORP/
P.O. BOX 5020
NEW HYDE PARK NY 11042**

3. Date Incorporated or Qualified **11/25/1970** 3a. Date of Last Report **05/01/1995**
4. FEI Number **13-2731270** 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 28 Country 29 Zip 30 Country

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 _____ DATE _____
Signature by principal or officer of registered agent and title (applicable) (If Officer Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D COOPER, MILTON	12 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	13 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PK NY 11042	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KIMMEL, MARTIN	22 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	23 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PK. NY 11042	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SAMBER, DAVID	32 NAME	
STREET ADDRESS	3333 NEW HYDE PK RD. 100	33 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PK NY 11042	34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP WEISS, ALEX	42 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	43 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PK NY 11042	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T PETRA, LOUIS	52 NAME	700001872697
STREET ADDRESS	3333 NEW HYDE PK RD. 100	53 STREET ADDRESS	-06/24/96--01024--014
CITY - ST - ZIP	NEW HYDE PK NY 11042	54 CITY - ST - ZIP	***225.00
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S SCHULMAN, ROBERT	62 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	63 STREET ADDRESS	
CITY - ST - ZIP	NEW HYDE PK NY 11042	64 CITY - ST - ZIP	

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)(j), 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 67, Florida Statutes, and that my name appears in Block 12 or Block 13, checked, or on an attachment with an address.

SIGNATURE: **Louis Petra** 6-11-96 516869-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)