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

PROFIT CORPORATION ANNUAL REPORT

1998



LLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F9400006384 (1)

KCH ACQUISITION, INC.

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**FILED** 

May 19 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address KIMCO REALTY CORP.. KIMCO REALTY CORP.. P.O. BOX 5020 P.O. BOX 5020 NEW HYDE PK NY 11042 NEW HYDE PK NY 11042 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/14/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 11-3238575 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\Box$ 28 Trust Fund Contribution Added to Fees Ζip Country Z(p)Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1 1 TITLE Change Addition NAME FLYNN, MIKE 1.2 NAME CR2E034 **33**33 New Hyde Park Rd., P.O Box 5020 STREET ADDRESS 1.3 STREET ADDRESS NEW HYDE PK.R NY CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE TITLE 2.1 TITLE Change Addition Mila Properento Bruce Kanbere PETRA: LOUIS NAME 2.2 NAME \$333 NEW HYDE PK, RD, 100 STREET ADDRESS 2.3 STREET ADDRESS **NEW HYDE PARK NY 11042** CITY-ST-ZIP 2. 4 CITY - S1 - ZIP TITLE DELETE 3.1 TITLE Addition **SCHULMAN, ROBERT** NAME 3.2 NAME **\$333 NEW HYDE PK RD. 100** STREET ADDRESS 3.3 STREET ADDRESS **NEW HYDE PK NY 11042** DITY-ST-7IP 3.4. CITY - \$1 - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME COOPER, MILTON 4 2 NAME STREET ADDRESS 3333 NEW HYDE PK. RD. 100 4.3 STREET ADDRESS **NEW HYDE PARK NY 11042** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Addition WEISS, ALEX NAME 5 2 NAME \$333 NEW HYDE PK.RD. 100 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP **NEW HYDE PARK NY 11042** 5.4 CITY - ST - ZIP DELETE TIT: F 6.1 TITLE Change Addition KIMMEL, MARTIN NAME 6.2 NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS 6.3 STREET ADDRESS **NEW HYDE PK NY 11042** CITY-ST-ZIP 6.4 CITY - \$1 - ZIP

14. Thereby 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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this royal as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attractional distribution and deeps.