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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90026 004 ***900.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F95000002037**

1. Corporation Name
KIMCO REALTY CORPORATION

Principal Place of Business: P.O. BOX 5020, NEW HYDE PARK NY 11042-0020
 Mailing Address: P.O. BOX 5020, NEW HYDE PARK NY 11042-0020



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/26/1995**
 4. FEI Number: **13-2744380**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-23) and Mailing Address (24-30) details including Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: P	FLYNN, MIKE	11 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY	12 NAME:	
CITY-ST-ZIP:		13 STREET ADDRESS:	
		14 CITY-ST-ZIP: 11042	
TITLE: T	PAPPAGALLO, MIKE	21 TITLE:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY	22 NAME:	
CITY-ST-ZIP:		23 STREET ADDRESS:	
		24 CITY-ST-ZIP: 11042	
TITLE: S	KAUDERER, BRUCE	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY 11042	32 NAME:	
CITY-ST-ZIP:		33 STREET ADDRESS:	
		34 CITY-ST-ZIP:	
TITLE: CD	COOPER, MILTON P	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY 11042	42 NAME:	
CITY-ST-ZIP:		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE: D	KIMMEL, MARTIN	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY 11042	52 NAME:	
CITY-ST-ZIP:		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE: D	DOOLEY, RICHARD M	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PARK ROAD	NEW HYDE PARK NY 11042	62 NAME:	
CITY-ST-ZIP:		63 STREET ADDRESS:	
		64 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, with all other like empowered.

SIGNATURE: Michael V. Pappagallo Date: 4/6/99 Daytime Phone #: 516-869-9000

CR2E034 (1/98)