

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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-05/01/95--01096--001  
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DO NOT WRITE IN THIS SPACE**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J60276** (9)

1. Corporation Name  
**KIMCO DEVELOPMENT OF SEMINOLE SANFORD, INC.**

Principal Place of Business Mailing Address

**% C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324**

**% C T CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324**

2. Principal Place of Business 2b. Mailing Address

21 Suite 100 26 Suite 100

**KIMCO REALTY CORPORATION**

**3333 New Hyde Park Rd., Suite 100**

**P.O. Box 5020**

23 **New Hyde Park, NY 11042-0020** 27 **New Hyde Park, NY 11042-0020**

24 New Hyde Park, NY 25 County 29 New Hyde Park, NY 30 County

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified **03/05/1987** 3a. Date of Last Report **04/27/1994**

4. FEI Number **11-2847353** 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**

6. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS	
TITLE	<b>D</b>	1.1 TITLE	<b>KIMCO REALTY CORPORATION</b>
NAME	<b>COOPER, MILTON</b>	1.2 NAME	<b>3333 New Hyde Park Rd., Suite 100</b>
STREET ADDRESS	<b>1044 NORTHERN BLVD</b>	1.3 STREET ADDRESS	<b>P.O. Box 5020</b>
CITY, ST, ZIP	<b>ROSLYN NY</b>	1.4 CITY, ST, ZIP	<b>New Hyde Park, NY 11042-0020</b>
TITLE	<b>D</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMMEL, MARTIN</b>	2.2 NAME	
STREET ADDRESS	<b>1044 NORTHERN BLVD</b>	2.3 STREET ADDRESS	<b>same as above</b>
CITY, ST, ZIP	<b>ROSLYN NY</b>	2.4 CITY, ST, ZIP	
TITLE	<b>P</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMBER, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>1044 NORTHERN BLVD</b>	3.3 STREET ADDRESS	<b>same as above</b>
CITY, ST, ZIP	<b>ROSLYN NY</b>	3.4 CITY, ST, ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, ALEX</b>	4.2 NAME	
STREET ADDRESS	<b>1044 NORTHERN BLVD</b>	4.3 STREET ADDRESS	<b>same as above</b>
CITY, ST, ZIP	<b>ROSLYN NY</b>	4.4 CITY, ST, ZIP	
TITLE	<b>T</b>	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRA, LOUIS</b>	5.2 NAME	
STREET ADDRESS	<b>1044 NORTHERN BLVD</b>	5.3 STREET ADDRESS	<b>same as above</b>
CITY, ST, ZIP	<b>ROSLYN NY</b>	5.4 CITY, ST, ZIP	
TITLE	<b>SD</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULMAN, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>1044 NORTHERN BLVD.</b>	6.3 STREET ADDRESS	<b>same as above</b>
CITY, ST, ZIP	<b>ROSLYN NY</b>	6.4 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 119.071(6)(k), Florida Statutes. I further certify that the information indicated on this filing 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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/5/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: \_\_\_\_\_

**516-869-7152**