

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J70083 (7)

1. Corporation Name

KIMCO OF LAKE WORTH, INC.



Principal Place of Business

Mailing Address

KIMCO RELATY CORP.
P.O. BOX 5020
NEW HYDE PK. NY 11042

KIMCO RELATY CORP.
P.O. BOX 5020
NEW HYDE PK. NY 11042

3. Date Incorporated or Qualified

04/29/1987

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

4. FEI Number

11-2854691

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

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

Signature typed or printed name of registered agent or director (as applicable)

(NOTE: Registered Agent's signature is required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	COOPER, MILTON	3333 NEW HYDE PK. RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
D	KIMMEL, MARTIN	3333 NEW HYDE PK. RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
P	SAMBER, DAVID	3333 NEW HYDE PK. RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
VP	WEISS, ALEX	3333 NEW HYDE PK RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
T	PETRA, LOUIS	3333 NEW HYDE PK. RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
S	SCHULMAN, ROBERT	3333 NEW HYDE PK. RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600001797588
-04/29/96--01023--004
***2400.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Petra

4-16-96

56869-9888

5541-26-96

CR2E034 (12/95)