

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J70083 (7)
1. Corporation Name
KIMCO OF LAKE WORTH, INC.

Principal Place of Business
KIMCO RELATY CORP.
P.O. BOX 5020
NEW HYDE PK. NY 11042

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1987	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country	31	32
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	
				85 Zip Code	
11. Pursuant to the provisions of Sections 607.0532 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.					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	COOPER, MILTON	1.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	KIMMEL, MARTIN	2.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	FLYNN, MIKE	3.2 NAME	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	
NAME	WEISS, ALEX	4.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK RD. 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	PETRA LOUIS	5.2 NAME	mike Pappagallo
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	SCHULMAN, ROBERT	6.2 NAME	Bruce Kauderer
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	6.4 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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and, if applicable, (NOT) Registered Agent signature required when reinstating) DATE _____

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SIGNATURE _____

CR2E034 (10/97)