

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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 1:45**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L09044 (3)**

1. Corporation Name

**KIMCO DEVELOPMENT OF MCINTOSH SARASOTA, INC.**

Principal Place of Business

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

Mailing Address

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

**700001470147  
-05/01/95--01096--001**

**DO NOT WRITE IN THIS SPACE**

3. Date Incorporated or Qualified  
**08/15/1989**

3a. Date of Last Report  
**04/27/1994**

4. FEI Number  
**11-2981378**

Applied For  
 Not Applicable

5. Certificate of Status Desired  
 \$8.75 Additional Fee Required

**\$8.75**

6. Election Campaign Financing  
Trust Fund Contribution  
 \$5.00 May Be Added to Fees

**\$5.00**

7. This corporation has timely filed intangible tax under S. 199.042, Florida Statutes  
 Yes  No

2. Principal Place of Business

**21 KIMCO REALTY CORPORATION  
22 3333 New Hyde Park Rd., Suite 100  
23 New Hyde Park, NY 11042-0020**

2a. Mailing Address

**26 KIMCO REALTY CORPORATION  
27 3333 New Hyde Park Rd., Suite 100  
28 P.O. Box 5020  
29 New Hyde Park, NY 11042-0020**

24 City Country  
**25 New Hyde Park NY**

29 City Country  
**30 New Hyde Park NY**

9. Name and Address of Current Registered Agent

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

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

**KIMCO REALTY CORPORATION**

12. OFFICERS AND DIRECTORS

13. SIGNATURES CHANGED TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. SIGNATURES CHANGED TO OFFICERS AND DIRECTORS IN 12
<p>12.1 NAME: <b>D COOPER, MILTON</b> 12.2 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 12.3 CITY, ST, ZIP: <b>ROSLYN NY</b></p>	<p>13.1 NAME: <b>D COOPER, MILTON</b> 13.2 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 13.3 CITY, ST, ZIP: <b>ROSLYN NY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.4 NAME: <b>D KIMMEL, MARTIN</b> 12.5 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 12.6 CITY, ST, ZIP: <b>ROSLYN NY</b></p>	<p>13.4 NAME: <b>D KIMMEL, MARTIN</b> 13.5 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 13.6 CITY, ST, ZIP: <b>ROSLYN NY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.7 NAME: <b>P SAMBER, DAVID</b> 12.8 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 12.9 CITY, ST, ZIP: <b>ROSLYN NY</b></p>	<p>13.7 NAME: <b>P SAMBER, DAVID</b> 13.8 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 13.9 CITY, ST, ZIP: <b>ROSLYN NY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.10 NAME: <b>VP WEISS, ALEX</b> 12.11 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 12.12 CITY, ST, ZIP: <b>ROSLYN NY</b></p>	<p>13.10 NAME: <b>VP WEISS, ALEX</b> 13.11 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 13.12 CITY, ST, ZIP: <b>ROSLYN NY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.13 NAME: <b>T PETRA, LOUIS</b> 12.14 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 12.15 CITY, ST, ZIP: <b>ROSLYN NY</b></p>	<p>13.13 NAME: <b>T PETRA, LOUIS</b> 13.14 STREET ADDRESS: <b>1044 NORTHERN BLVD ROSLYN NY</b> 13.15 CITY, ST, ZIP: <b>ROSLYN NY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>12.16 NAME: <b>SD SCHULMAN, ROBERT</b> 12.17 STREET ADDRESS: <b>1044 NORTHERN BLVD. ROSLYN NY</b> 12.18 CITY, ST, ZIP: <b>ROSLYN NY</b></p>	<p>13.16 NAME: <b>SD SCHULMAN, ROBERT</b> 13.17 STREET ADDRESS: <b>1044 NORTHERN BLVD. ROSLYN NY</b> 13.18 CITY, ST, ZIP: <b>ROSLYN NY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p>

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), 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 for the purpose of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or if an acknowledgment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

Register Number 8