

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

DOCUMENT # L09044 (3)  
1. Corporation Name  
KIMCO DEVELOPMENT OF MCINTOSH SARASOTA, INC.



Principal Place of Business: KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020

Mailing Address: KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-2981378	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 \_\_\_\_\_  
Signature: typed or printed name of registered agent and office if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COOPER, MILTON		1.2 NAME				
STREET ADDRESS	3333 NEW HYDE PARK RD. STE. 100		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HYDE PARK NY 11042		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KIMMEL, MARTIN		2.2 NAME				
STREET ADDRESS	3333 NEW HYDE PARK RD. STE. 100		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HYDE PARK NY 11042		2.4 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	AYAN, MIKE		3.2 NAME			F14nn	
STREET ADDRESS	3333 NEW HYDE PARK ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HYDE PARK NY		3.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WEISS, ALEX		4.2 NAME				
STREET ADDRESS	3333 NEW HYDE PK. RD. STE. 100		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HYDE PARK NY 11042		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PETRA, LOUIS		5.2 NAME			mike Pappagallo	
STREET ADDRESS	3333 NEW HYDE PARK RD SUITE 100		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HYDE PARK NY 11042		5.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SCHULMAN, ROBERT		6.2 NAME			Bruce Kauderer	
STREET ADDRESS	3333 NEW HYDE PK. RD. STE. 100		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW HYDE PARK 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 \_\_\_\_\_

CR2E034 (10/97)