

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90026 003 *1,200.00

DOCUMENT # L09044

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/15/1989	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	
22		27		11-2981378	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		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			
				85 Zip Code			
				FL			

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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FLYNN, MIKE		3 2 NAME		
STREET ADDRESS	3333 NEW HYDE PARK ROAD		3 3 STREET ADDRESS	11042	
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAPPAGALLO, MIKE		5 2 NAME		
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 type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUDERER, BRUCE		6 2 NAME		
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 with all other like empowered.

SIGNATURE: Michael V. Pappagallo Date: 1/6/99 Daytime Phone #: 516-869-9000

CR2E034 (11/98)