

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 # P93000040856 (5)

1. Corporation Name  
KIMCO LARGO 196, INC.

Principal Place of Business

KIMCO REALTY CORP.  
P.O. BOX 5020  
NEW HYDE PARK NY 11042

Mailing Address

KIMCO REALTY CORP.  
P.O. BOX 5020  
NEW HYDE PARK NY 11042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

65-0418586

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 607.0802 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 607.0605, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
KIMMEL, MARTIN S  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

TITLE ☐ DELETE

NAME D  
COOPER, MILTON  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

TITLE ☐ DELETE

NAME P  
FLYNN, MIKE  
STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020  
CITY-ST-ZIP NEW HYDE PK NY

TITLE ☐ DELETE

NAME T  
REIRA, LOUIS  
STREET ADDRESS 3333 NEW HYDE PK RD.  
CITY-ST-ZIP NEW HYDE PARK NY 11042

TITLE ☐ DELETE

NAME S  
SCHALMAN, ROBERT  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

TITLE ☐ DELETE

NAME VP  
WEISS, ALEX  
STREET ADDRESS 3333 NEW HYDE PK. RD. 100  
CITY-ST-ZIP NEW HYDE PK NY 11042

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)