

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 001 *2,100.00

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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

3. Date Incorporated or Qualified

06/09/1993

4. FEI Number

65-0419586

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 the current year Intangible
Personal Property Tax.

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE T
NAME PAPPAGALLO, MIKE
STREET ADDRESS 3333 NEW HYDE PK RD.
CITY-ST-ZIP NEW HYDE PARK NY 11042

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

TITLE VP
NAME KAUDERER, BRUCE
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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP 11042

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE Secretary VP
52 NAME MICHAEL V. PAPPAGALLO
53 STREET ADDRESS 3333 NEW HYDE PARK RD., P.O BOX 5020
54 CITY-ST-ZIP NEW HYDE PARK, NY 11042

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 in an attachment with an address, with authority like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)