

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000059533 (8)**

1. Corporation Name  
**KIMCO PEPPERTREE, INC.**



Principal Place of Business: C/O KIMCO DEVELOPMENT CO. P.O. BOX 5020 NEW HYDE PK NY 11042  
Mailing Address: C/O KIMCO DEVELOPMENT CO. P.O. BOX 5020 NEW HYDE PK NY 11042

3. Date Incorporated or Qualified: **08/25/1993**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **65-0433600**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND RD., PLANTATION FL 33324**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	<b>KIMMEL, MARTIN S</b>	1.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, MILTON</b>	2.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK RD. 100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMBER, DAVID M</b>	3.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRA, LOUIS</b>	4.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, ALEX</b>	5.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK RD. 100</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULMAN, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. 100</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	6.4 CITY-ST-ZIP	

**600001797566**  
**-04/29/96--01023--004**  Change  Addition  
**\*\*\*2400.00**

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 its 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 on an attachment with an address.

SIGNATURE: *[Signature]* **Louis Petra** **4-16-96** **516869-9888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #  
**SC-41-26-96**

CR2E034 (12/95)