

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION, ANNUAL REPORT 1997



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 11042-0020

3. Date Incorporated or Qualified: 06/25/1993
3a. Date of Last Report: 04/26/1996

4. FEI Number: 65-0433600
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 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 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: _____ (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 KIMMEL, MARTIN S 3333 NEW HYDE PK. RD. 100 NEW HYDE PARK NY 11042	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON <input type="checkbox"/> DELETE	1.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK RD. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE SAMBER, DAVID M	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD.	2.2 NAME	
STREET ADDRESS	NEW HYDE PK NY 11042	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE PETRA, LOUIS	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD. 100	3.2 NAME	mike flynn
STREET ADDRESS	NEW HYDE PK NY 11042	3.3 STREET ADDRESS	3333 New Hyde Park Road
CITY-ST-ZIP		3.4 CITY-ST-ZIP	PO Box 5020 New Hyde Park, NY 11042-0020
TITLE	VP <input type="checkbox"/> DELETE WEISS, ALEX	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PK. RD. 100	4.2 NAME	
STREET ADDRESS	NEW HYDE PK NY 11042	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE SCHULMAN, ROBERT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3333 NEW HYDE PARK RD. 100	5.2 NAME	
STREET ADDRESS	NEW HYDE PARK NY 11042	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 trustee 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 attached sheet with an address.

SIGNATURE: _____ DATE: 4/28/97 DAYTIME PHONE: 5168699000

CR2E034 (9/96)