

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

**APPROVED  
AND  
FILED**

**95 MAY -1 PM 2: 30**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # P94000016021 (5)**

1. Corporation Name  
**KIMCO SAND LAKE 618, INC.**

**300001475479**  
**-05/04/95--01031--001**  
**\*\*\*\*600.00 \*\*\*\*200.00**

Principal Place of Business Mailing Address  
**1044 NORTHERN BLVD.  
ROSLYN NY 11576** **1044 NORTHERN BLVD.  
ROSLYN NY 11576**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/01/1994** 3a. Date of Last Report

4. FEI Number **65 047 1136** Applied For  Not Applicable

6. Election Campaign Financing Trust Fund Contribution  **\$8.75 Additional Fee Required**

8. This corporation has liability for intangible tax under S 199 US/ Florida Statutes  Yes  No **\$5.00 May Be Added to Fees**

2. Principal Place of Business Mailing Address  
21 **KIMCO REALTY CORPORATION** 27 **KIMCO REALTY CORPORATION**  
22 **3333 New Hyde Park Rd., Suite 100** 27 **3333 New Hyde Park Rd., Suite 100**  
23 **P.O. Box 5020** 28 **P.O. Box 5020**  
**New Hyde Park, NY 11042-0020** **New Hyde Park, NY 11042-0020**  
24 \* 25 Country 29 30 Country

9. Name and Address of Current Registered Agent  
**CT 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 (050) 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 0905 Florida Statutes.

SIGNATURE \_\_\_\_\_ REGISTERED AGENT (signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>KIMMEL, MARTIN S</b>
STREET ADDRESS	<b>1044 NORTHERN BLVD. ROSLYN NY 11576</b>
CITY, ST, ZIP	
TITLE	<b>D</b>
NAME	<b>COOPER, MILTON</b>
STREET ADDRESS	<b>1044 NORTHERN BLVD. ROSLYN NY 11576</b>
CITY, ST, ZIP	
TITLE	<b>D</b>
NAME	<b>SAMBER, DAVID M</b>
STREET ADDRESS	<b>1044 NORTHERN BLVD. ROSLYN NY 11576</b>
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>KIMCO REALTY CORPORATION</b>	
STREET ADDRESS	<b>3333 New Hyde Park Rd., Suite 100</b>	
CITY, ST, ZIP	<b>P.O. Box 5020 New Hyde Park, NY 11042-0020</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS	<i>same as above</i>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS	<i>same as above</i>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
CITY, ST, ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>UP</b>	
STREET ADDRESS	<b>11044 NORTHERN BLVD</b>	
CITY, ST, ZIP		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	<b>Richard Schulerman</b>	
STREET ADDRESS		
CITY, ST, ZIP	<i>same as above</i>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>

14. I, the filer, certify that the information supplied with this filing is verifiably true and correct and does not qualify for the exemption stated in Section 119 (07) 0904 Florida Statutes. I further certify that the information included on this annual report or supplementary report is true and correct and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the secretary or transfer agent responsible to make this report as required by Chapter 607 Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/11/95*  
**516 869 7252**  
*[Signature]*