

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000017825 (8)**

1. Corporation Name  
**KIMCO STUART 619, INC.**



Principal Place of Business Mailing Address  
**KIMCO REALTY CORP.  
P.O. BOX 5020  
NEW HYDE PARK NY 11042-0020**

3. Date Incorporated or Qualified **03/08/1994** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **11-3205441** 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 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIMMEL, MARTIN S</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK PLACE</b>	
CITY- ST- ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>COOPER, MILTON</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK PLACE</b>	
CITY- ST- ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMBER, DAVID M</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK PLACE</b>	
CITY- ST- ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PETRA, LOUIS</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. SUITE 100</b>	
CITY- ST- ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHULMAN, ROBERT</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. STE. 100</b>	
CITY- ST- ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISS, ALEX</b>	
STREET ADDRESS	<b>3333 NEW HYDE PARK RD. STE. 100</b>	
CITY- ST- ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>read</i>
13 STREET ADDRESS	<i>read</i>
14 CITY- ST- ZIP	<i>read</i>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>read</i>
23 STREET ADDRESS	<i>read</i>
24 CITY- ST- ZIP	<i>read</i>
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>read</i>
33 STREET ADDRESS	<i>read</i>
34 CITY- ST- ZIP	<i>read</i>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>400001797144</b>
53 STREET ADDRESS	<b>-04/29/96--01010--01010</b>
54 CITY- ST- ZIP	<b>***1800.00</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<i>JP</i>
63 STREET ADDRESS	
64 CITY- ST- ZIP	

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

SIGNATURE: *[Signature]* LOUIS PETRA 4-16-96 5168699000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)