

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
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DOCUMENT # P94000017825 (8)
 1. Corporation Name
KIMCO STUART 619, INC.



Principal Place of Business KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PARK NY 11042-0020
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3. Date Incorporated or Qualified 03/06/1994	3a. Date of Last Report 04/26/1996
4. FEI Number 11-3205441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State Zip	24. City & State Zip

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
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: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	3333 New Hyde Park Road
3.4 CITY - ST - ZIP	PO Box 5020 New Hyde Park, NY 11042-0020
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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 for or an attachment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)