

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 # P94000068381 (0)

**1. Corporation Name
KIMCO FT. PIERCE 147, INC.**



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

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

3. Date Incorporated or Qualified 09/16/1994 **3a. Date of Last Report 04/26/1996**

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

24 Country **25** Country **29** Country **30** Country

4. FEI Number 59-3272388 **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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City **65 Zip Code**

FL

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

DELETE

TITLE **D**

NAME **KIMMEL, MARTIN S**

STREET ADDRESS **3333 NEW HYDE PK. RD. 100**

CITY - ST - ZIP **NEW HYDE PARK NY 11042**

DELETE

TITLE **D**

NAME **COOPER, MILTON**

STREET ADDRESS **3333 NEW HYDE PARK RD. 100**

CITY - ST - ZIP **NEW HYDE PARK NY 11042**

DELETE

TITLE **P**

NAME **SAMBER, DAVID M**

STREET ADDRESS **3333 NEW HYDE PK. RD. 100**

CITY - ST - ZIP **NEW HYDE PARK NY 11042**

DELETE

TITLE **T**

NAME **PETRA, LOUIS**

STREET ADDRESS **3333 NEW HYDE PK. RD. 100**

CITY - ST - ZIP **NEW HYDE PARK NY 11042**

DELETE

TITLE **S**

NAME **SCHULMAN, ROBERT**

STREET ADDRESS **3333 NEW HYDE PK. RD. 100**

CITY - ST - ZIP **NEW HYDE PK NY 11042**

DELETE

TITLE **VP**

NAME **WEISS, ALEX**

STREET ADDRESS **3333 NEW HYDE PK. RD. 100**

CITY - ST - ZIP **NEW HYDE PARK NY 11042**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

Change Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

Change Addition

3.1 TITLE *President*

3.2 NAME *Mike Figon*

3.3 STREET ADDRESS **3333 New Hyde Park Road**

3.4 CITY - ST - ZIP **PO Box 5020**

3.5 **New Hyde Park, NY 11042-0020**

Change Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

Change Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Change Addition

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 supplementary 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 officer or business 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 attachment with an address.

SIGNATURE: *[Signature]* **LOUIS PETRA** **4/28/97** **5168699000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **Daytime Phone #**

CFO

CR2E034 (9/96)