

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 # **P94000074596 (5)**

1. Corporation Name

KIMCO SARASOTA 378, 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**

3. Date Incorporated or Qualified: **10/11/1994** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0531169** 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: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: _____
82 Street Address (P.O. Box Number is Not Acceptable): **200001797562**
83: **-04/29/96--01023--004**
84 City: *****2400.00** 85 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 _____

Signature typed or printed name of registered agent (Block 9)

(If the Registered Agent signature appears below, check this box)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN S	1.2 NAME	
STREET ADDRESS	3333 HYDE PARK PLACE	1.3 STREET ADDRESS	ROAD
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	2.2 NAME	
STREET ADDRESS	3333 NEW HYDE PARK PLACE	2.3 STREET ADDRESS	ROAD
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMBER, DAVID M	3.2 NAME	
STREET ADDRESS	1044 NORTHERN BLVD.	3.3 STREET ADDRESS	3333 NEW HYDE PARK ROAD
CITY-ST-ZIP	ROSLYN NY 11576	3.4 CITY-ST-ZIP	NEW HYDE PARK, NY 11042
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRA, LOUIS	4.2 NAME	
STREET ADDRESS	3333 HYDE PARK PLACE	4.3 STREET ADDRESS	ROAD
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, ROBERT	5.2 NAME	
STREET ADDRESS	3333 HYDE PARK PLACE	5.3 STREET ADDRESS	ROAD
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	6.2 NAME	
STREET ADDRESS	3333 HYDE PARK PLACE	6.3 STREET ADDRESS	ROAD
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	6.4 CITY-ST-ZIP	

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

SIGNATURE: **Louis Petra 4-16-96** 5168699800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)