

**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 # 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 **04/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0531169</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		
25. Country	30. Country		

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)  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMMEL, MARTIN S</b>	1.2 NAME	
STREET ADDRESS	<b>3333 HYDE PARK ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, MILTON</b>	2.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAMBER, DAVID M</b>	3.2 NAME	<b>President</b>
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>	3.3 STREET ADDRESS	<b>mike fignn</b>
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	3.4 CITY-ST-ZIP	<b>3333 New Hyde Park Road</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRA, LOUIS</b>	4.2 NAME	<b>PO Box 5020</b>
STREET ADDRESS	<b>3333 HYDE PARK ROAD</b>	4.3 STREET ADDRESS	<b>New Hyde Park, NY 11042-0020</b>
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULMAN, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>3333 HYDE PARK ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, ALEX</b>	6.2 NAME	
STREET ADDRESS	<b>3333 HYDE PARK ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	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 supplement to an 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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-28-97** DAYTIME PHONE: **5168699000**

CR2E034 (9/96)