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FILED
May 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000001129 (2)

1. Corporation Name

KIMCO SOUTH MIAMI 634, INC.

Principal Place of Business

1044 NORTHERN BLVD.
ROSLYN FL 11576

Mailing Address

1044 NORTHERN BLVD.
ROSLYN FL 11576

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1995

4. FEI Number

65-0559378

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

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

Signature (Type or print name of registered agent and title at applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KIMMEL, MARTIN S
3333 NEW HYDE PARK RD
NEW HYDE PARK NY 11042

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COOPER, MILTON
3333 NEW HYDE PARK RD
NEW HYDE PARK NY 11042

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
AYAN, MIKE
3333 NEW HYDE PARK ROAD
NEW HYDE PARK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PETRA, LOUIS
3333 NEW HYDE PARK RD
NEW HYDE PARK NY 11042

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
SCHULMAN, ROBERT
3333 NEW HYDE PARK RD
NEW HYDE PARK NY 11042

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
WEISS, ALEX
3333 NEW HYDE PARK RD
NEW HYDE PARK NY 11042

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
F14nn
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
mike
Pappagallo
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Bowie Landerer
☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I 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, or on an attachment with an address.

SIGNATURE

[Handwritten Signature]

[Handwritten Signature]

[Handwritten Signature]

CR2E034 (10/97)