

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000089607 (2)

1. Corporation Name

KIMCO WEST PALM BEACH 633, INC.



Principal Place of Business

Mailing Address

3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK NY 11042-0020

POST OFFICE BOX 5020  
NEW HYDE PARK NY 11042-0020

3. Date Incorporated or Qualified <b>11/22/1995</b>	3a. Date of Last Report
4. FET Number <i>Applied For</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

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 or officer or director)

Name (Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
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 NEW HYDE PARK ROAD, SUITE 100</b>	1.3 STREET ADDRESS	<b>600001797136</b>
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	1.4 CITY-ST-ZIP	<b>-04/29/96--01010--011</b>
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	<b>***1800.00</b>
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD, SUITE 100</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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SHAMBER, DAVID M</b>	3.2 NAME	<i>shamber</i>
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD, SUITE 100</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042-0020</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Louis Zetra</i>	4.2 NAME	
STREET ADDRESS	<i>3333 new Hyde Park Rd</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>	4.4 CITY-ST-ZIP	
TITLE	<b>UP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Alex Weiss</i>	5.2 NAME	<i>4-26 JP</i>
STREET ADDRESS	<i>3333 new Hyde Park Rd</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Robert Schelman</i>	6.2 NAME	
STREET ADDRESS	<i>3333 new Hyde Park Rd</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<i>new Hyde Park NY 11042</i>	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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Louis Zetra*

4-16-96

5168699000

CR2E034 (12/95)