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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 # P95000089607 (2)

1. Corporation Name
KIMCO WEST PALM BEACH 633, INC.



Principal Place of Business
**3333 NEW HYDE PARK ROAD
 SUITE 100
 NEW HYDE PARK NY 11042-0020**

Mailing Address
**POST OFFICE BOX 5020
 NEW HYDE PARK NY 11042-0020**

3. Date Incorporated or Qualified 11/22/1995	3a. Date of Last Report 04/26/1996
4. FEI Number APPLIED FOR 650642317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMMEL, MARTIN S	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, SUITE 100	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, SUITE 100	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SAMBER, DAVID M	
STREET ADDRESS	3333 NEW HYDE PARK ROAD, SUITE 100	
CITY-ST-ZIP	NEW HYDE PARK NY 11042-0020	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETRA, LOUIS	
STREET ADDRESS	3333 NEW HYDE PK RD.	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WEISS, ALEX	
STREET ADDRESS	3333 NEW HYDE PK. RD.	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHIELMAN, ROBERT	
STREET ADDRESS	3333 NEW HYDE PK. RD.	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	3333 New Hyde Park Road
3.4 CITY-ST-ZIP	PO Box 5020
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	New Hyde Park, NY 11042-0020
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: _____ DATE: **4-28-97** DAYTIME PHONE: **516-699-0000**

CR2E034 (9/96)