

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 # P95000089613 (0)

1. Corporation Name
KIMCO KISSIMMEE 613, INC.



65-0655663

Principal Place of Business: 3333 NEW NYDE PARK ROAD SUITE 100 NEW HYPE PARK NY 11042
Mailing Address: POST OFFICE BOX 5020 NEW NYDE PARK NY 11042-0020

3. Date Incorporated or Qualified: 11/22/1995
3a. Date of Last Report: [blank]
4. FEI Number: Applied for
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 [X] No

2. Principal Place of Business
21. [] 22. Suite, Apt. #, etc. [] 23. City & State [] 24. Zip [] 25. Country []
2a. Mailing Address
26. [] 27. Suite, Apt. #, etc. [] 28. City & State [] 29. Zip [] 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] DATE: []

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: KIMMEL, MARTIN S	1.1 TITLE:	Change [X] Addition []
STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100	CITY-ST-ZIP: NEW HYPE PARK NY 11042	1.2 NAME: KIMMEL	
TITLE: D	NAME: COOPER, MILTON	2.1 TITLE:	Change [] Addition []
STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100	CITY-ST-ZIP: NEW HYPE PARK NY 11042	2.2 NAME:	
TITLE: D P	NAME: SAMBER, DAVID M	3.1 TITLE:	Change [] Addition []
STREET ADDRESS: 3333 NEW NYDE PARK ROAD, SUITE 100	CITY-ST-ZIP: NEW HYPE PARK NY 11042	3.2 NAME:	
TITLE: T	NAME: Petra Lewis	4.1 TITLE:	Change [] Addition []
STREET ADDRESS: 3333 new nyde park rd	CITY-ST-ZIP: new nyde park ny 11042	4.2 NAME:	
TITLE: VP	NAME: Weiss, Alex	5.1 TITLE:	Change [] Addition []
STREET ADDRESS: 3333 new nyde park rd	CITY-ST-ZIP: new nyde park ny 11042	5.2 NAME:	
TITLE: S	NAME: Robert Schelman	6.1 TITLE:	Change [] Addition []
STREET ADDRESS: 3333 new nyde park rd	CITY-ST-ZIP: new nyde park ny 11042	6.2 NAME:	
		900001797553	
		-04/29/96--01023--004	
		***2400.00	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.073(r), 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; that the report is a true and correct copy of the original; that I am a resident of the State of Florida; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-16-96

CR2E034 (12/95)