

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90026 002 *2,100.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089613

1. Corporation Name
KIMCO KISSIMMEE 613, INC.



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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0655663
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 FL

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN S	12 NAME	
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100	13 STREET ADDRESS	
CITY-ST-ZIP	NEW HYPE PARK NY 11042	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	22 NAME	
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100	23 STREET ADDRESS	
CITY-ST-ZIP	NEW HYPE PARK NY 11042	24 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, MIKE	32 NAME	
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100	33 STREET ADDRESS	
CITY-ST-ZIP	NEW HYPE PARK NY	34 CITY-ST-ZIP	11042
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAGALLO, MIKE	42 NAME	
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100	43 STREET ADDRESS	
CITY-ST-ZIP	NEW HYPE PARK NY 11042	44 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	52 NAME	
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100	53 STREET ADDRESS	
CITY-ST-ZIP	NEW HYPE PARK NY 11042	54 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDERER, BRUCE	62 NAME	
STREET ADDRESS	3333 NEW NYDE PARK ROAD, SUITE 100	63 STREET ADDRESS	
CITY-ST-ZIP	NEW HYPE PARK NY 11042	64 CITY-ST-ZIP	

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 of Block 13 if changed, with an address, with all other like empowered.

SIGNATURE: *Michael V. Pappagallo* DATE: 1/6/99 DAYTIME PHONE #: 516-569-9000

CR2E034 (1/198)