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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 # **P95000089617 (1)**

1. Corporation Name
KIMCO ALTAMONTE 636, INC.

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 65-0642321

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 has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **D KIMMEL, MARTIN S**
STREET ADDRESS **3333 NEW HYDE PARK ROAD, SUITE 100**
CITY - ST - ZIP **NEW HYDE PARK NY 11042**

TITLE ☐ DELETE

NAME **D COOPER, MILTON**
STREET ADDRESS **3333 NEW HYDE PARK ROAD, SUITE 100**
CITY - ST - ZIP **NEW HYDE PARK NY 11042**

TITLE ☒ DELETE

NAME **D SAMBER, DAVID M**
STREET ADDRESS **3333 NEW HYDE PARK ROAD, SUITE 100**
CITY - ST - ZIP **NEW HYDE PARK NY 11042**

TITLE ☐ DELETE

NAME **T PETRA, LOUIS**
STREET ADDRESS **3333 NEW HYDE PK. RD.**
CITY - ST - ZIP **NEW HYDE PK. NY 11042**

TITLE ☐ DELETE

NAME **VP WEISS, ALEX**
STREET ADDRESS **3333 NEW HYDE PK. RD.**
CITY - ST - ZIP **NEW HYDE PK. NY 11042**

TITLE ☐ DELETE

NAME **S SCHIELMAN, ROBERT**
STREET ADDRESS **3333 NEW HYDE PK. RD.**
CITY - ST - ZIP **NEW HYDE PK. RD. NY 11042**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ 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 checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Petra

4/28/97

5168699000

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CR2E034 (9/96)