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FILED

May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000065577 (4)

1. Corporation Name

KIMCO MANAGEMENT CORP.

Principal Place of Business

5100 HOGAN PL
COCOA FL 32927

Mailing Address

5100 HOGAN PL
COCOA FL 32927

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

59-3397111

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 6675 WINDOVER WAY, FT 32780

Suite, Apt. #, etc.

22

City & State

23 TITUSVILLE FL

Zip

24 32780

Country

25 BREVARD

2a. Mailing Address

26 6675 WINDOVER WAY, FT 32780

Suite, Apt. #, etc.

27

City & State

28 TITUSVILLE FL

Zip

29 32780

Country

30 BREVARD

9. Name and Address of Current Registered Agent

INMAN, DAVID R
5100 HOGAN PL
COCOA FL 32927

10. Name and Address of New Registered Agent

81 Name

INMAN DAVID R

82 Street Address (P.O. Box Number is Not Acceptable)

6675 WINDOVER WAY

83

84 City

TITUSVILLE

FL

85 Zip Code

32780

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

DAVID R INMAN

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME INMAN, DAVID R
STREET ADDRESS 5100 HOGAN PL
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

6675 WINDOVER WAY
TITUSVILLE, FL, 32780

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 on an attachment with an address.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

DAVID R INMAN

4-30-98

CR2E034 (10/97)