2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 02, 2005 08:00 AM Secretary of State DOCUMENT # P97000082741 1. Entity Name KIMCO MAPLEWOOD 673, INC. Mailing Address Principal Place of Business. 3333 NEW HYDE PARK ROAD SUITE 100 3333 NEW HYDE PARK ROAD SUITE 100 NEW HYDE PARK NY 11042-0020 NEW HYDE PARK NY 11042-0020 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State 4. FEI Number Applied For City & State 65-0785689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition THE Change TITLE Delete NAME COOPER, MILTON NAME STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY-ST-7IP NEW HYDE PARK NY 11042-0020 CITY-ST-7IE 150.00 Add:::: VΡ Defete Change TITLE TITLE NAME SCHINDLER, MICHAEL NAME STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042-0020 CITY-ST-ZIP CITY - ST - ZIE Antilia Change TITLE Detete FLYNN, MICHAEL J STREET ADDRESS STREET ADDRESS 3333 NEW HYDE PARK ROAD CITY - ST - ZIP NEW HYDE PARK NY 11042-0020 CITY-ST-7IP Change Admini HILE □ Delete TITLE YARMAK, JOEL I **NAME** NAME 3333 NEW HYDE PARK ROAD STREET ADDRESS STREET ADDRESS **NEW HYDE PARK NY 11042-0020** CITY-ST ZIP CITY-ST-7IP ☐ Delete ☐ Change Action TITLE COHEN, GLENN NAME 3333 NEW HYDE PARK ROAD STREET ACCRESS STREET ADDRESS NEW HYDE PARK NY 11042-0020 CITY-ST-ZIP CITY-ST ZIP Addition ☐ Change Delete TITLE KAUDERER, BRUCE NAME NAME 3333 NEW HYDE PARK ROAD STREET ADDRESS STREET ADDRESS NEW HYDE PARK NY 11042 CITY-ST-ZIF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11