

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P97000108125**

1. Entity Name  
**KIMCO BRADENTON 698, INC.**



Principal Place of Business  
**3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, FL 11042-0020**

Mailing Address  
**3333 NEW HYDE PARK ROAD  
SUITE 100  
NEW HYDE PARK, FL 11042-0020**



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

02132007 Chg-P CR2E034 (12/06)

City & State  
City & State

4. FEI Number  
**65-0807463**

Applied For  
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COOPER, MILTON</b>		NAME		
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW HYDE PARK, FL 110420020</b>		CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>SCHINDER, MICHAEL</b>		NAME		
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW HYDE PARK, FL 110420020</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FLYNN, MICHAEL J</b>		NAME		
STREET ADDRESS	<b>3333 NEW HYDE PARK ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW HYDE PARK, FL 110420020</b>		CITY-ST-ZIP		
TITLE	<b>CFO</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>PAPPAGALLO, MIKE</b>		NAME		
STREET ADDRESS	<b>3333 NEW HYDE PARK RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW HYDE PARK, NY 11042</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>YARMAK, JOEL I</b>		NAME		
STREET ADDRESS	<b>3333 NEW HYDE PARK RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW HYDE PARK, NY 11042</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>COHEN, GLENN</b>		NAME		
STREET ADDRESS	<b>3333 NEW HYDE PARK RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW HYDE PARK, NY 11042</b>		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/07** **516 869 9000**  
Date Daytime Phone #