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

03-17-1999 90026 004 \*\*\*900.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000013843**

1. Corporation Name  
**KIMCO WEST MELBORNE 668, INC.**



Principal Place of Business: 3333 NEW HYDE PARK ROAD, NEW HYDE PARK NY 11042-0020  
 Mailing Address: 3333 NEW HYDE PARK ROAD, NEW HYDE PARK NY 11042-0020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/11/1998**  
 4. FEI Number: **58-2374863**  
 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 the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

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: **FL** 85 Zip Code

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	<b>Director</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Cooper, Milton</b>	
13 STREET ADDRESS	<b>3333 New Hyde Park Rd, PO Box 5020</b>	
14 CITY-ST-ZIP	<b>New Hyde Park, NY 11042</b>	
21 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>K. Muel, Martin</b>	
23 STREET ADDRESS	<b>3333 New Hyde Park Rd, PO Box 5020</b>	
24 CITY-ST-ZIP	<b>New Hyde Park, NY 11042</b>	
31 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Flynn, Michael</b>	
33 STREET ADDRESS	<b>3333 New Hyde Park Rd, PO Box 5020</b>	
34 CITY-ST-ZIP	<b>New Hyde Park, NY 11042</b>	
41 TITLE	<b>CFO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Ruppigallo, Michael</b>	
43 STREET ADDRESS	<b>3333 New Hyde Park Rd, PO Box 5020</b>	
44 CITY-ST-ZIP	<b>New Hyde Park, NY 11042</b>	
51 TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>Weiss, Alex</b>	
53 STREET ADDRESS	<b>3333 New Hyde Park Rd, PO Box 5020</b>	
54 CITY-ST-ZIP	<b>New Hyde Park Rd, NY 11042</b>	
61 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>Kauderer, Bruce</b>	
63 STREET ADDRESS	<b>3333 New Hyde Park Rd, PO Box 5020</b>	
64 CITY-ST-ZIP	<b>New Hyde Park, NY 11042</b>	

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, with all other like empowered.

SIGNATURE: Michael V. Ruppigallo Date: 1/6/99 Daytime Phone #: 516-869-9000

CR2E034 (11/98)