

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000013843

1. Entity Name

KIMCO WEST MELBORNE 688, INC.



Principal Place of Business
 3333 NEW HYDE PARK ROAD
 SUITE 100
 NEW HYDE PARK NY 11042-0020
 US

Mailing Address
 3333 NEW HYDE PARK ROAD
 SUITE 100
 NEW HYDE PARK NY 11042-0020
 US



8990001 JC

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

58-2374863

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

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00.

Make Check Payable to Florida Department of State

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: D Delete
 NAME: COOPER, MILTON
 STREET ADDRESS: 3333 NEW HYDE PARK ROAD, P.O. BOX 5020
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition
 UD0000351785
 05/03/05-80001-016 150.00

TITLE: VP Delete
 NAME: SCHINDLER, MICHAEL
 STREET ADDRESS: 3333 NEW HYDE PARK ROAD, P.O. BOX 5020
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: P Delete
 NAME: FLYNN, MICHAEL
 STREET ADDRESS: 3333 NEW HYDE PARK ROAD, P.O. BOX 5020
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: CFO Delete
 NAME: PAPPAGALLO, MICHAEL
 STREET ADDRESS: 3333 NEW HYDE PARK ROAD, P.O. BOX 5020
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: T Delete
 NAME: COHEN, GLENN
 STREET ADDRESS: 3333 NEW HYDE PARK ROAD, P.O. BOX 5020
 CITY-ST-ZIP: NEW HYDE PARK NY 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: V Delete
 NAME: YARMAK, JOEL I
 STREET ADDRESS: 3333 NEW HYDE PARK ROAD, P.O. BOX 5020
 CITY-ST-ZIP: NEW HYDE PARK FL 11042

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 of 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 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

4-29-05

516869908

Date

Daytime Phone #