

# 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number 58-2374863

Applied For  
Not Applicable

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  
STREET ADDRESS  
CITY-ST-ZIP  
U00000351785  
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  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 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 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

Date

Daytime Phone #

4-29-05

516869908