

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S08373** (0)

1. Corporation Name
KIMZFERN INC.



Principal Place of Business: % THE KIMCO CORPORATION, P.O. BOX 5020, NEW HYDE PK. NY 11042
Mailing Address: % THE KIMCO CORPORATION, P.O. BOX 5020, NEW HYDE PK. NY 11042

2. Principal Place of Business (21-23) and Mailing Address (26-30) fields with sub-headers for Suite, Apt #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 10/24/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 11-3035885
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: COOPER, MILTON	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PK. RD. 1000	CITY-STATE-ZIP: NEW HYDE PK NY 11042	1.2 NAME:	
TITLE: D	NAME: KIMMEL, MARTIN	1.3 STREET ADDRESS:	
STREET ADDRESS: 3333 NEW HYDE PK. RD. 100	CITY-STATE-ZIP: NEW HYDE PK NY 11042	1.4 CITY-STATE-ZIP:	
TITLE: P	NAME: SAMBER, DAVID	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PK. RD. 100	CITY-STATE-ZIP: NEW HYDE PK NY 11042	2.2 NAME:	
TITLE: VP	NAME: WEISS, ALEX	2.3 STREET ADDRESS:	
STREET ADDRESS: 3333 NEW HYDE PK. RD. 100	CITY-STATE-ZIP: NEW HYDEPK NY 11042	2.4 CITY-STATE-ZIP:	
TITLE: T	NAME: PETRA, LOUIS	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3333 NEW HYDE PK. RD. 100	CITY-STATE-ZIP: NEW HYDE PK. NY 11042	3.2 NAME:	
TITLE: S	NAME: SCHULMAN, ROBERT	3.3 STREET ADDRESS:	
STREET ADDRESS: 3333 NEW HYDE PK. RD. 100	CITY-STATE-ZIP: NEW HYDE PK. NY 11042	3.4 CITY-STATE-ZIP:	
		4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-STATE-ZIP:	
		5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-STATE-ZIP:	
		6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME:	
		6.3 STREET ADDRESS:	
		6.4 CITY-STATE-ZIP:	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] Louis Petra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-16-96
Phone: 368699000
56-4-26-96

CR2E034 (12/95)