

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

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**95 MAY -1 PM 3: 55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**900001471529  
-05/02/95--01138--001  
\*\*\*1200.00 \*\*\*\*200.00**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S08375 (5)**

1. Corporation Name  
**KIMZLAR INC.**

Principal Place of Business <b>% THE KIMCO CORPORATION 1044 NORTHERN BLVD. ROSLYN NY 11576</b>	Mailing Address <b>% THE KIMCO CORPORATION 1044 NORTHERN BLVD. ROSLYN NY 11576</b>
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3. Date Incorporated or Qualified <b>10/24/1990</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>11-3035883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suits, Apt. #, etc. <b>KIMCO REALTY CORPORATION 3333 New Hyde Park Rd., Suite 100 P.O. Box 5020 New Hyde Park, NY 11042-0020</b>	2a. Mailing Address 26. Suits, Apt. #, etc. <b>KIMCO REALTY CORPORATION 3333 New Hyde Park Rd., Suite 100 P.O. Box 5020 New Hyde Park, NY 11042-0020</b>
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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

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>
B5 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>COOPER, MILTON</b>	1.1 TITLE	<b>KIMCO REALTY CORPORATION</b> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1044 NORTHERN BLVD</b>	CITY, ST, ZIP <b>ROSLYN NY</b>	1.2 NAME	<b>3333 New Hyde Park Rd., Suite 100</b>
		1.3 STREET ADDRESS	<b>P.O. Box 5020</b>
		1.4 CITY, ST, ZIP	<b>New Hyde Park, NY 11042-0020</b> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b>	NAME <b>KIMMEL, MARTIN</b>	2.1 TITLE	
STREET ADDRESS <b>1044 NORTHERN BLVD</b>	CITY, ST, ZIP <b>ROSLYN NY</b>	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY, ST, ZIP	<b>same as above</b>
TITLE <b>P</b>	NAME <b>SAMBER, DAVID</b>	3.1 TITLE	Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1044 NORTHERN BLVD</b>	CITY, ST, ZIP <b>ROSLYN NY</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY, ST, ZIP	<b>same as above</b>
TITLE <b>VP</b>	NAME <b>WEISS, ALEX</b>	4.1 TITLE	Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1044 NORTHERN BLVD</b>	CITY, ST, ZIP <b>ROSLYN NY</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY, ST, ZIP	<b>same as above</b>
TITLE <b>TD</b>	NAME <b>PETRA, LOUIS</b>	5.1 TITLE	Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1044 NORTHERN BLVD.</b>	CITY, ST, ZIP <b>ROSLYN NY</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	<b>same as above</b>
TITLE <b>SD</b>	NAME <b>SCHULMAN, ROBERT</b>	6.1 TITLE	Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1044 NORTHERN BLVD.</b>	CITY, ST, ZIP <b>ROSLYN NY</b>	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	<b>same as above</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), Florida Statutes. I further certify that the information indicated on this 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 for the corporation 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/95  
516-869-7250  
LW