

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # S08375 (5)  
1. Corporation Name  
**KIMZLAR INC.**



Principal Place of Business Mailing Address  
**% THE KIMCO CORPORATION**  
P.O. ~~800-5020~~ **RD 4 5020**  
NEW HYDE PK. NY 11042

2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified <b>10/24/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
21. Suite, Apt #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>11-3035883</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 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 officer 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent or director, as applicable. (NOTE: Registered Agent signature required when reinstating)

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

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**-04/29/96--01023--003**  
**\*\*\*1200.00**

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 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 registered agent 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 attached sheet with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4-16-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Louis Petra**  
Signature Phone #

CR2E034 (12/95)