

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA 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. BOX 5020
NEW HYDE PK. NY 11042

3. Date Incorporated or Qualified **10/24/1990** 3a. Date of Last Report **04/26/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **11-3035883** Applied For Not Applicable

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 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, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D COOPER, MILTON**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY- ST- ZIP **NEW HYDE PK. NY 11042**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **D KIMMEL, MARTIN**
STREET ADDRESS **3333 NEW HYDE PK RD. 100**
CITY- ST- ZIP **NEW HYDE PK NY 11042**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE ☒ DELETE
NAME **P SAMBER, DAVID**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY- ST- ZIP **NEW HYDE PK NY 11042**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **President**
3.3 STREET ADDRESS **mike Flynn**
3.4 CITY- ST- ZIP **3333 New Hyde Park Road**
PO Box 5020
New Hyde Park, NY 11042-0020

TITLE ☐ DELETE
NAME **VP WEISS, ALEX**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY- ST- ZIP **NEW HYDE PK NY 11042**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **TD PETRA, LOUIS**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY- ST- ZIP **NEW HYDE PK NY 11042**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME **SD SCHULMAN, ROBERT**
STREET ADDRESS **3333 NEW HYDE PK. RD. 100**
CITY- ST- ZIP **NEW HYDE PK. NY 11042**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, on an attachment with an address.

SIGNATURE:

[Signature] **LOUIS PETRA** 428-97 5168699000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)