

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 % 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/24/1990	
4. FEI Number 11-3035883	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	COOPER, MILTON	3333 NEW HYDE PK. RD. 100	NEW HYDE PK. NY 11042	<input type="checkbox"/>
D	KIMMEL, MARTIN	3333 NEW HYDE PK RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
P	FLYNN, MIKE	3333 NEW HYDE PARK RD., P.O BOX 5020	NEW HYDE PK NY	<input type="checkbox"/>
VP	WEISS, ALEX	3333 NEW HYDE PK. RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
TD	PETRA LOUIS	3333 NEW HYDE PK. RD. 100	NEW HYDE PK NY 11042	<input type="checkbox"/>
SD	SCHULMAN, ROBERT	3333 NEW HYDE PK. RD. 100	NEW HYDE PK. NY 11042	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1	6.2	6.3	6.4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

Handwritten entries in Block 13:
 5.2 NAME: *mike Pappagallo*
 6.2 NAME: *Bruce Kauderer*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 619.07(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, or on an attachment with an address.

CR2E034 (10/97)