

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

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-3035883	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	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		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
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	1.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN	2.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK RD. 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MIKE	3.2 NAME	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	4.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRA, LOUIS	5.2 NAME	mike Pappagallo
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, ROBERT	6.2 NAME	Bruce Kauderer
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address.

CR2E034 (10/97)