

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90026 001 *2,100.00

DOCUMENT # S08375

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

3. Date Incorporated or Qualified 10/24/1990

4. FEI Number ~~11-3035883~~ 11-3050459 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 owes the current year Intangible Personal Property Tax Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COOPER, MILTON <input type="checkbox"/> DELETE	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 KIMMEL, MARTIN <input type="checkbox"/> DELETE	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 FLYNN, MIKE <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input checked="" 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	11042
TITLE	VP WEISS, ALEX <input type="checkbox"/> DELETE	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 PAPPAGALLO, MIKE <input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAGALLO, MIKE	5 2 NAME	
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 KAUDERER, BRUCE <input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDERER, BRUCE	6 2 NAME	
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 optional 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 a registered 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 authorized officer like empowered.

SIGNATURE: _____ Date: 1/6/99 Daytime Phone #: 516-869-9000

CR2E034 (11/98)