

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.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

Signature, typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

TITLE **P** ☐ DELETE
NAME **FLYNN, MIKE**
STREET ADDRESS **3333 NEW HYDE PARK RD., P.O BOX 5020**
CITY-ST-ZIP **NEW HYDE PK NY**

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

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP **11042**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 its 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/99 516-869-9000

CR2E034 (11/98)