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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**200001471522
-05/02/95--01138--001
1200.00 *200.00**

DO NOT WRITE IN THIS SPACE.

DOCUMENT # S08388 (8)

**1. Corporation Name
KIMZGATE INC.**

**Principal Place of Business
% THE KIMCO CORPORATION
1044 NORTHERN BLVD.
ROSLYN NY 11576**

**Mailing Address
% THE KIMCO CORPORATION
1044 NORTHERN BLVD.
ROSLYN NY 11576**

**3. Date Incorporated or Qualified 10/24/1990
3a. Date of Last Report 04/27/1994**

**4. FEI Number 11-3035881
Applied For Not Applicable**

5. Certificate of Status Desired \$8.75 Additional Fee Required

**6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution**

8. This corporation has liability for intangible tax under S. 1961.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.
22 KIMCO REALTY CORPORATION
3333 New Hyde Park Rd., Suite 100
P.O. Box 5020
New Hyde Park, NY 11042-0020

26
Suite, Apt. #, etc.
KIMCO REALTY CORPORATION
3333 New Hyde Park Rd., Suite 100
P.O. Box 5020
New Hyde Park, NY 11042-0020

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
FL

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

(Applicant's Signature) (Required) (Signature of the Corporation)

(Registered Agent's Signature) (Required) (Signature of the Corporation)

(Date)

12. OFFICERS AND DIRECTORS	
11 TITLE D NAME COOPER, MILTON STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY CITY, ST, ZIP	13 11 TITLE KIMCO REALTY CORPORATION 12 NAME 3333 New Hyde Park Rd., Suite 100 13 STREET ADDRESS P.O. Box 5020 14 CITY, ST, ZIP New Hyde Park, NY 11042-0020
16 TITLE D NAME KIMMEL, MARTIN STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY CITY, ST, ZIP	21 21 TITLE D 22 NAME KIMMEL, MARTIN 23 STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY 24 CITY, ST, ZIP ROSLYN NY
17 TITLE P NAME SAMBER, DAVID STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY CITY, ST, ZIP	25 25 TITLE P 26 NAME SAMBER, DAVID 27 STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY 28 CITY, ST, ZIP ROSLYN NY
18 TITLE V NAME WEISS, ALEX STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY CITY, ST, ZIP	31 31 TITLE V 32 NAME WEISS, ALEX 33 STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY 34 CITY, ST, ZIP ROSLYN NY
19 TITLE T NAME PETRA, LOUIS STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY CITY, ST, ZIP	35 35 TITLE T 36 NAME PETRA, LOUIS 37 STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY 38 CITY, ST, ZIP ROSLYN NY
20 TITLE S NAME SCHILMAN, ROBERT STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY CITY, ST, ZIP	39 39 TITLE S 40 NAME SCHILMAN, ROBERT 41 STREET ADDRESS 1044 NORTHERN BLVD ROSLYN NY 42 CITY, ST, ZIP ROSLYN NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 11 TITLE D 12 NAME KIMCO REALTY CORPORATION 13 STREET ADDRESS 3333 New Hyde Park Rd., Suite 100 14 CITY, ST, ZIP P.O. Box 5020 New Hyde Park, NY 11042-0020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 21 TITLE D 22 NAME KIMMEL, MARTIN 23 STREET ADDRESS 1044 NORTHERN BLVD 24 CITY, ST, ZIP ROSLYN NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same as above</i>
25 25 TITLE P 26 NAME SAMBER, DAVID 27 STREET ADDRESS 1044 NORTHERN BLVD 28 CITY, ST, ZIP ROSLYN NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same as above</i>
31 31 TITLE V 32 NAME WEISS, ALEX 33 STREET ADDRESS 1044 NORTHERN BLVD 34 CITY, ST, ZIP ROSLYN NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same as above</i>
35 35 TITLE T 36 NAME PETRA, LOUIS 37 STREET ADDRESS 1044 NORTHERN BLVD 38 CITY, ST, ZIP ROSLYN NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same as above</i>
39 39 TITLE S 40 NAME SCHILMAN, ROBERT 41 STREET ADDRESS 1044 NORTHERN BLVD 42 CITY, ST, ZIP ROSLYN NY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>same as above</i>

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on any attached form, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

516 869-7250

[Signature]