

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 3:59

**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.

26 Suite, Apt. #, etc.

22 KIMCO REALTY CORPORATION

26 KIMCO REALTY CORPORATION

23 3333 New Hyde Park Rd., Suite 100

26 3333 New Hyde Park Rd., Suite 100

**24 P.O. Box 5020
New Hyde Park, NY 11042-0020**

**29 P.O. Box 5020
New Hyde Park, NY 11042-0020**

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

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

(Applicant, officer or director of corporation) (Applicant, officer or director of corporation)

(Registered Agent or person registered with business)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**D
COOPER, MILTON
1044 NORTHERN BLVD
ROSLYN NY**

**11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP**

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

Change Addition

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**D
KIMMEL, MARTIN
1044 NORTHERN BLVD
ROSLYN NY**

**17 TITLE
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP**

Change Addition

same as above

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**P
SAMBER, DAVID
1044 NORTHERN BLVD
ROSLYN NY**

**23 TITLE
24 NAME
25 STREET ADDRESS
26 CITY, ST, ZIP**

Change Addition

same as above

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**V
WEISS, ALEX
1044 NORTHERN BLVD
ROSLYN NY**

**31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP**

Change Addition

same as above

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**T
PETRA, LOUIS
1044 NORTHERN BLVD
ROSLYN NY**

**37 TITLE
38 NAME
39 STREET ADDRESS
40 CITY, ST, ZIP**

Change Addition

same as above

**TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP**

**S
SCHILMAN, ROBERT
1044 NORTHERN BLVD
ROSLYN NY**

**41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP**

Change Addition

same as above

14. I do hereby certify that the information supplied with this filing is voluntarily 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 officer or director 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]