FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortnam ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # S08388 (8) KIMZGATE INC. Principal Place of Business Maling Address % THE KIMCO CORPORATION % THE KIMGO CORPORATION P.O. BOX 5020 P.O. BOX 5020 NEW HYDE PK NY 11042 NEW HYDE PK NY 11042 3. Date Incorporated or Qualified 3a. Date of Last Report 10/24/1990 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 11-3035881 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zιp Country 8. This corporation has liability for intaggible tax under s 199.032, 25 29 30 Florida Statutes Yes BINO 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM Street Adoress (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 83 **PLANTATION FL 33324** 84 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. Thereby accept the appointment as registered agent. Tam lamiliar with, and accept the obligations of, Section 607.0605, Florida Statutes. Signature it spection product name of regulariset agent will the lift applicable the D.E. Regulated Agent's grather to pure themer rematatings OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELFTE 1.3 TITLE Addition Change COOPER, MILTON 12 NAME 3333 NEW HYDE PK. RD. 100 1.3 STREET ADDRESS **NEW HYDE PK NY 11042** 1.4 CITY ST-ZIP DELETE D 2 1 11111 Change Addition.

12 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME KIMMEL, MARTIN 2.2 NAME STREET ADDRESS 3333 NEW HYDE PK. RD. 100 2.3 STREET ADDRESS CITY - ST - ZIP **NEW HYDE PARK NY 11042** 2 4 CHTY - \$1 - ZIP TITLE DELETE Ρ 3 1 TITLE ☐ Change Addition NAME SAMBER, DAVID 3.2 NAME STREET ADDRESS 3333 NEW HYDE PK, RD, 100 3.3 STREET ADDRESS NEW HYDE PK. NY 11042 CITY-ST-ZiP 3.4 CITY - ST - ZIP TITLE DELETE 4.1 1016 Change Addition NAMÉ WEISS, ALEX 4.2 NAME STREET ADDRESS 3333 NEW HYDE PK. RD. 100 4.3 STREET ADDRESS NEW HYDE PK NY 11042 CITY-ST-ZIP 4.4 CHTY - ST - 7IP 30000179755 THILE DELETE -04/29/96--01023--003^{hange} 5 1 liftue Addition NAME PETRA, LOUIS 5.2 NAME ***1200.00 STREET ADDRESS 3333 NEW HYDE PK. RD. 100 5.3 STREET ADDRESS CHTY - ST - ZIP NEW HYDE PK NY 11042 5.4 CrtY-ST-ZIP TITLE DELETE S 6 1 TITLE Change Addition NAME SCHULMAN, ROBERT 6.2 NAME STREET ADDRESS 3333 NEW HYDE PK. RD. 196 6.3 STREET ADDRESS CITY-ST-7IP **NEW HYDE PK NY 11042** 6.4 CITY - ST-ZIP ng is viluntarily furnished and does not qualfy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my mane

 I do hereby certify that the information supplies certify that the information indicated on this ar oath, that I am an officer or director of the appears in Block 12 or Block 13 if change

Las Retra 4-16-96

CR2E034 (12/95)

SIGNATURE:

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AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR