

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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # S08388 (8)

1. Corporation Name
KIMZGATE INC.



Principal Place of Business Mailing Address

% THE KIMCO CORPORATION
P.O. BOX 5020
NEW HYDE PK NY 11042

% THE KIMCO CORPORATION
P.O. BOX 5020
NEW HYDE PK NY 11042

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified
10/24/1990

4. FEI Number **11-3035881** 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	COOPER, MILTON
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK NY 11042
TITLE	D <input type="checkbox"/> DELETE
NAME	KIMMEL, MARTIN
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PARK NY 11042
TITLE	P <input type="checkbox"/> DELETE
NAME	FLYNN, MIKE
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020
CITY-ST-ZIP	NEW HYDE PK. NY
TITLE	V <input type="checkbox"/> DELETE
NAME	WEISS, ALEX
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK NY 11042
TITLE	T <input type="checkbox"/> DELETE
NAME	PETRA, LOUIS
STREET ADDRESS	3333 NEW HYDE PK. RD. 100
CITY-ST-ZIP	NEW HYDE PK NY 11042
TITLE	S <input type="checkbox"/> DELETE
NAME	SCHULMAN, ROBERT
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>mike pappagallo</i>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<i>Bruce Kauderer</i>
6.3 STREET ADDRESS	
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 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 receiver or 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 address _____

SIGNATURE _____

CR2E034 (10/97)