


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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90026 001 *2,100.00

DOCUMENT # S08388

1. Corporation Name
KIMZGATE 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1990	
21		26		4. FEI Number 11-3035881	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	12 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	13 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	14 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, MARTIN	22 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	23 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	24 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, MIKE	32 NAME	
STREET ADDRESS	3333 NEW HYDE PARK RD., P.O BOX 5020	33 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY	34 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	42 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	43 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	44 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPAGALLO, MIKE.	52 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	53 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	54 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUDERER, BRUCE	62 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	63 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	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 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 with all other like empowered.

SIGNATURE: Michael V. Pappagallo Date: 1/6/99 Daytime Phone #: 516-869-9000

CR2E034 (1/98)