

396/536

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S93632** (5)
1. Corporation Name
KCH LAKE WORTH, INC.

Principal Place of Business KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042	Mailing Address KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042-0020
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/13/1991	3a. Date of Last Report 04/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0354018	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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		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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, MILTON	1.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL MARTIN	2.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMBER, DAVID	3.2 NAME	President
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	3.3 STREET ADDRESS	3333 New Hyde Park Road
CITY-ST-ZIP	NEW HYDE PK NY 11042	3.4 CITY-ST-ZIP	PO Box 5020
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, ALEX	4.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK NY 11042	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRA, LOUIS	5.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PARK NY 11042	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMAN, ROBERT	6.2 NAME	
STREET ADDRESS	3333 NEW HYDE PK. RD. 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HYDE PK. NY 11042	6.4 CITY-ST-ZIP	

14. I do 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 registered agent or person 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0008713

CR2E034 (9/96)