**FILED** FILE NOW: FILING FEE AFTER MAY 1ST. IS \$550.00 May 19 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1**9**98 **DOCUMENT #** (5)S93632 KCH LAKE WORTH, INC. Principal Place of Business Mailing Address KIMOO REALTY CORP. KIMCO REALTY CORP. P.O. BOX 5020 P.O. BOX 5020 DO NOT WRITE IN THIS SPACE NEW HYDE PK NY 11042 NEW HYDE PK NY 11042 3. Date Incorporated or Qualified 11/13/1991 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0354018 21 26 Suite, Apt. #, e1c. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing Trust Fund Contribution 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible-Personal Property Tax due June 30. 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83

84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typical or point dinaute of regent and a joint and other flapple able. (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TOTALE COOPER, MILTON NAME 1.2 NAME **3333 NEW HYDE PK. RD. 100** STREET ADDRESS 1.3 STREET ADDRESS NEW HYDE PK. NY 11042 1.4 CHY-SI-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 21 1/11 8 KIMMEL MARTIN NAME 2.2 NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS 2.3 STREET ADDRESS NEW HYDE PK NY 11042 CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE FLYNN, MIKE NAME 3.2 NAME **3333 NEW HYDE PARK RD., P.O BOX 5020** STREET ADDRESS 3.3 STREET ADDRESS **NEW HYDE PK NY** 3.4. CITY-ST-7IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE WEISS, ALEX NAME 4. 2 NAME 3333 NEW HYDE PK, RD, 100 STREET ADDRESS 4.3 STREET ADDRESS NEW HYDE PK NY 11042 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Shange 51 THLE Addition TITLE RETRA: LOUIS NAME 5.2 NAME 3333 NEW HYDE PK. RD. 100 STREET ADDRESS 5.3 STREET ADDRESS **NEW HYDE PARK NY 11042** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 61 THILE SCHULMAN, ROBERT NAME 6.2 NAME 3333 NEW HYDE PK. RD. 100 6.3 STREET ADDRESS STREET ADDRESS NEW HYDE PK. NY 11042 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify/c indicated on this annual report or supplemental annual report is true and reconflicer or director of the corporation or the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attackplaint with any address. the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rate and that my sixecute this report a onature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in

4/20/08

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

(10/97)

CR2E034