


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90005 026 ***150.00

DOCUMENT # F98000003303
 1. Entity Name
KONOVER PROPERTY TRUST, INC.



Principal Place of Business Mailing Address
 3333 NEW HYDE PK RD 3333 NEW HYDE PK RD
 STE 100 STE 100
 NEW HYDE PK NY 11042 NEW HYDE PK NY 11042

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **56-1819372** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

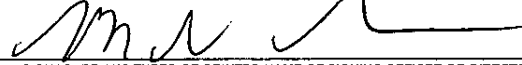
10. OFFICERS AND DIRECTORS

TITLE	CFO	<input type="checkbox"/> Delete
NAME	PAPPAGALLO, MIKE	
STREET ADDRESS	3333 NEW HYDE PK RD	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SCHINDLER, MICHAEL	
STREET ADDRESS	3333 NEW HYDE PK RD	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	VP	<input type="checkbox"/> Delete
NAME	YARMAK, JOEL	
STREET ADDRESS	3333 NEW HYDE PK RD	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, MILTON	
STREET ADDRESS	3333 NEW HYDE PK RD	
CITY-ST-ZIP	NEW HYDE PK NY 11042	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4-22-04 51689988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael Schindler VP