

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 <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S93632 (5)**

1. Corporation Name  
**KCH LAKE WORTH, INC.**



Principal Place of Business <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042</b>	Mailing Address <b>KIMCO REALTY CORP. P.O. BOX 5020 NEW HYDE PK NY 11042-0020</b>
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3. Date Incorporated or Qualified <b>11/13/1991</b>	3a. Date of Last Report <b>04/26/1996</b>
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2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

4. FEI Number <b>65-0354018</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, MILTON</b>	1.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMMEL MARTIN</b>	2.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAMBER, DAVID</b>	3.2 NAME	<b>President</b>
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	3.3 STREET ADDRESS	<b>3333 New Hyde Park Road</b>
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>	3.4 CITY-ST-ZIP	<b>PO Box 5020</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEISS, ALEX</b>	4.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK NY 11042</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PETRA, LOUIS</b>	5.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PARK NY 11042</b>	5.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULMAN, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>3333 NEW HYDE PK. RD. 100</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW HYDE PK. NY 11042</b>	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 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:  **LOUIS PETRA** Date: **4/28/97** Daytime Phone #: **5168699000**

CR2E034 (9/96)