

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 23 AM 8:53

HL 1728

1. Name of Limited Partnership
INCOME PARTNERS, LTD.

1a. DOCUMENT #
A12905



2. Mailing Address
4408 WOODFIELD BLVD
BOCA RATON FL 33434

2a. Principal Office Address
4408 WOODFIELD BLVD
BOCA RATON FL 33434

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered
07/23/1982

3a. Date of Last Report
12/07/1995

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$742,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number
59-2260220 Applied For Not Applicable

7. Certificate of Status Desired **\$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
ABRAMS, PAUL J.
4408 WOODFIELD BLVD
BOCA RATON FL 33434

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Accepted)
~~600002073026-7~~
~~-01/23/97-01093-005~~

Suite, Apt. #, etc. *****437.50 ***437.50**

City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ABRAMS AND COMPANY	4408 WOODFIELD BLVD.	BOCA RATON FL 33434	652192
			600002073026-7 -01/23/97-01093-006 ***103.75 ***103.75

Note; General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Paul J. Abrams DATE 12/28/96
 Typed or Printed Name of General Partner Signing Form PAUL J. ABRAMS Daytime Telephone Number 561-998-3779

CR2E003 (6/96)