

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90217 013 ***150.00

DOCUMENT # P97000094578

1. Corporation Name
BT INCOME PROPERTY, INC.



Principal Place of Business
1732 E TRAFALGAR CIR
HOLLYWOOD FL 33020
US

Mailing Address
1732 TRAFALGAR CIR
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1997

4. FEI Number
65-0799705

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 2100 E. Hallandale Beach Blvd.

2a. Mailing Address
26 2100 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.
22 # 200

Suite, Apt. #, etc.
27 # 200

City & State
23 Hallandale, Florida

City & State
28 Hallandale, Florida

Zip Country
24 33009 25 Broward

Zip Country
29 33009 30 Broward

9. Name and Address of Current Registered Agent

TOLCHINSKY, LAWRENCE S ESQ
1732 E TRAFALGAR CIR
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent

81 Name Laurence S. Tolchinsky Esq.
82 Street Address (P.O. Box Number is Not Acceptable) 2100 E. Hallandale Beach Blvd.
83 Suite # 200
84 City Hallandale FL 85 Zip Code 33009

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

Signature, typed or printed name of registered agent and title if applicable.

Laurence S. Tolchinsky

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME TOLCHINSKY, LAWRENCE S
STREET ADDRESS 1732 E TRAFALGAR CIR
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(954) 458-8655

Daytime Phone #

0138235

CR2E034 (11/98)