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Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 850431 (8)

1. Corporation Name
THIRD INCOME PROPERTIES, INC.

Principal Place of Business
% TAX DEPT. 9TH FLOOR
1000 HARBOR BLVD.
WEEHAWKEN NJ 07087

Mailing Address
% TAX DEPT. 9TH FLOOR
1000 HARBOR BLVD.
WEEHAWKEN NJ 07087-6727



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1981		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-3035818		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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	FL 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

Signature typed in parentheses of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, STEPHEN D	12 NAME	Thomas Belana
STREET ADDRESS	1000 HARBOR BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	14 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHEY, DOROTHY F.	22 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	24 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDLOCK, TIMOTHY J	32 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	34 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, LAWRENCE A	42 NAME	Bruce Rubin
STREET ADDRESS	1000 HARBOR BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	44 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ERRICP, ROCK M	52 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	54 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVICO, LOUIS	62 NAME	Ken Levine
STREET ADDRESS	1000 HARBOR BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/97 201-903-1533

Date

Daytime Phone #

CR2E034 (9/96)