


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

FILED

97 JAN -6 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership ICOT INCOME PROPERTIES, LTD.		1a. DOCUMENT # A93000001233	
Mailing Address 17757 U.S. 19 NORTH STE 350 CLEARWATER FL 34624		Principal Office Address 17757 U.S. 19 N. #350 CLEARWATER FL 34624	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
		3. Date Formed or Registered 11/29/1993	
		3a. Date of Last Report 01/08/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$950.73	
		5b. Amount of Capital Contributions in FLORIDA to date. 950.73	
		6. FEI Number 59-3213462	
		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 WOHLWEND, BETH 17757 U.S. 19 NORTH, STE #350 CLEARWATER FL 34624		10. If changed, new Registered Agent/Office Name Bernhard Assies Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 12/23/96	

**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) ICOT CENTER, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 17755 U.S. 19 NORTH,	11b. City, State & Zip Code CLEARWATER FL 34624	11c. Registration/Document Number V40352
300002061593--3 -01/17/97--01032--019 *****200.00 *****200.00			

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

DATE **12/23/96**

Typed or Printed Name of General Partner Signing Form

Marvin Slovacek

Daytime Telephone Number

(813) 535-7999

CR2E003 (6/96)