

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
98 APR -7 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A93000001233

ICOT INCOME PROPERTIES, LTD.

Mailing Address

17757 U.S. 19 NORTH STE 350  
CLEARWATER FL 34624

Principal Office Address

17757 U.S. 19 N. #350  
CLEARWATER FL 34624

3. Date Formed or Registered

11/29/1993

5a. Capital Contributions as  
Shown on record.

\$950.73

3a. Date of Last Report

01/06/1997

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

950.73

4. State or Country of Formation

FL

2. Mailing Address

13925 58th St N  
Suite, Apt. #, etc.

2a. Principal Office Address

13925 58th St N  
Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33760 Pinellas

Zip

33760 Pinellas

6. FEI Number

59-3213462

☐ 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

ASSIES, BERNHARD

17757 U.S. 19 NORTH, STE #350  
CLEARWATER FL 34624

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

13925 58th St N  
Suite, Apt. #, etc.

City

Clearwater

FL

Zip Code

33760

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)

*B. Bernhardt*

DATE

12/19/1997

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

8000002485528--2  
-04/10/98--01115--001  
\*\*\*165.00 \*\*\*165.00

APR - 8 1998

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

*M. Slovac*  
Marvin Slovac

DATE

12/19/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(813) 535-7999

CP2E003 (6/97)