PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L25991

1. Corporation Name

INCOME FUND TRUSTEE, INC.

Principal Place	e of Business	Mailing Address			ils Mifff Migir Aster Asi	dit Atan išši
1834 HERMITAG	GE BLVD.	1834 HERMITAGE BLVD.				
SUITE 201 SUITE 201			DO NOT WRITE IN TH	IIC CDACE		
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308			3. Date Incorporated or Qualifed	113 SFACE	···	
						ļ
2 Principal P	Place of Business	2a. Mailing Address		10/27/1989 4. FEI Number	Ann	lied For
	Tace of Busiliess	26		NOT APPLICABLE	 	Applicable
21 Suite, Apt.	# etc	Suite, Apt. #, etc.		_	\$8.75 A	
22		27		5. Certifcate of Status Desired	Fee Req	I
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 N	May Be
23		28		Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible	
24	25	29	30	Personal Property Tax.	☐ Yes 【	□No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	ed Agent	
_			81 Name			ŀ
	ITICE, JAY		82 Street A	ddress (P.O. Box Number is Not Acceptable)		
1834 HERMITAGE BLVD.		 - - - - - - - - - -				
i e	TE 201		83 .			
TALL	LAHASSEE FL 32308		84 City	- Anna er	. 85 Zip C	ode
			64 City	F	E	000
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named c	orporation submits this statement for the purpose	of changing its r	egistered
office or r	registered agent, or both, in the State	of Florida. Such change was au ations of Section 607.0505. Flori	ithorized by the corpor ida Statutes.	ration's board of directors. I hereby accept the ap	pointment as reg	Istered
ļ		Wi Beardin	t	3 ~ /4	s-99	Į
SIGNATURE	10 - 3 - 2 - 1 / 1 / V V V					
l	Signature typed or printed name of registered age	ent and tide if applicable. (NOTE:	Registered Agent signature rec	quired when reinstating) DATE		
12.		ND DIRECTORS	Registered Agent signature red	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	
12. TITLE	OFFICERS AF					RS IN 12
	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS DPS	AND DIRECTOR	
TITLE	D MOTTICE, JA H. JAY 1834 HERMITAGE BLVD., SUIT	ND DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS DPS MOTTICE, H. JAY	AND DIRECTOR	
TITLE	D MOTTICE, JAP H. JAY	ND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES TO OFFICERS DPS	AND DIRECTOR	☐ Addition
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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 trystee 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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP 🕆

3-16-49 850-386-2117

FILED

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90067 004 ***150.00