

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P04330

1. Corporation Name

Sixth Income Properties Fund Inc.

Principal Place of Business

Mailing Address

Tax Dept. 9th Floor
1000 Harbor Blvd
Weehawken, NJ 07087

Tax Dept. 9th Floor
1000 Harbor Blvd
Weehawken, NJ 07087

300001829533

-05/20/96--01050--035

***200.00

3. Date Incorporated or Qualified
12-13-84

3a. Date of Last Report
5/1/94

4. FEI Number
13-3217938

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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 or printed name 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 President ☐ DELETE
NAME Lawrence A. Cohen
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE V-President ☐ DELETE
NAME Walter V. Arnold
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, J 07087

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

TITLE Secretary ☐ DELETE
NAME Dorothy F. Haughey
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE Asst. Treasurer ☐ DELETE
NAME Louis J. DeVico
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE VP ☐ DELETE
NAME Thomas W. Boland
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE VP ☐ DELETE
NAME Tim Ryan
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

25.1

14. 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 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

Louis J. DeVico

4/26/96

201-902-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #