

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90048 025 \*\*\*150.00

DOCUMENT # P04330 (7) ✓

1. Corporation Name

SIXTH INCOME PROPERTIES FUND, INC.

Principal Place of Business

% TAX DEPT. 9TH FLOOR  
1000 HARBOR BOULEVARD  
WEEHAWKEN NJ 07087

Mailing Address

% TAX DEPT. 9TH FLOOR  
1000 HARBOR BOULEVARD  
WEEHAWKEN NJ 07087

3. Date Incorporated or Qualified  
12/13/1984

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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

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 Corporation Service CO.

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

1201 Hays St.

83

84 City Tallahassee

FL

85 Zip Code 32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
VP	ARNOLD, WALTER V	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input type="checkbox"/>
S	HAUGHEY, DOROTHY F.	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input type="checkbox"/>
P	COHEN, LAWRENCE A	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>
AT	DEVICO, LOUIS	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>
D	PRATT, ALBERT	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>
D	BULL, CLIVE D	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Levine 4-23-99 (201) 902-4323

Date Daytime Phone #

CR2E034 (12/95)