

FILE NEW 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 # P06557

1. Corporation Name

Seventh Income Properties Fund Inc.

Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

6/26/85

3a. Date of Last Report

5/1/94

4. FEI Number

13-3257362

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

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 807.0502 and 807.1508, 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 807.0505, 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

TITLE V-President ☐ DELETE

NAME Walter V. Arnold

STREET ADDRESS 1000 Harbor Blvd

CITY-ST-ZIP Weehawken, J 07087

TITLE Secretary ☐ DELETE

NAME Dorothy F. Haughey

STREET ADDRESS 1000 Harbor Blvd

CITY-ST-ZIP Weehawken, NJ 07087

TITLE Asst. Treasurer ☐ DELETE

NAME Louis J. DeVico

STREET ADDRESS 1000 Harbor Blvd

CITY-ST-ZIP Weehawken, NJ 07087

TITLE VP ☐ DELETE

NAME David F. Brooks

STREET ADDRESS 1000 Harbor Blvd

CITY-ST-ZIP Weehawken, NJ 07087

TITLE Vice President ☐ DELETE

NAME James Snyder

STREET ADDRESS 1000 Harbor Blvd

CITY-ST-ZIP Weehawken, NJ 07087

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 807, 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

Louis J. DeVico 4/8/96

201-902-4323