


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06557** (3)

1. Corporation Name
SEVENTH INCOME PROPERTIES FUND, INC.

Principal Place of Business 1000 HARBOR BLVD 9TH FLOOR, TX DEPT WEEHAWKEN NJ 07087	Mailing Address 1000 HARBOR BLVD 9TH FLOOR, TX DEPT WEEHAWKEN NJ 07087
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3257362	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, BRUCE	12 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	13 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN FL	14 CITY-ST-ZIP	
TITLE	SVP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOLD, WALTER V	22 NAME	
STREET ADDRESS	1000 HARBOUR BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	24 CITY-ST-ZIP	
TITLE	AT	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, KEN	32 NAME	
STREET ADDRESS	1000 HARBOUR BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGHEY, DOROTHY F.	42 NAME	
STREET ADDRESS	1000 HARBOUR BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	44 CITY-ST-ZIP	
TITLE	FVP	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DAVID F	52 NAME	
STREET ADDRESS	1000 HARBOUR BLVD.	53 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ	54 CITY-ST-ZIP	
TITLE	VP	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, JAMES	62 NAME	
STREET ADDRESS	1000 HARBOUR BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	64 CITY-ST-ZIP	

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 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

Ken Levine 4/1/98 (201) 300-4130

CR2E034 (10/97)