

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90169 015 ***150.00

DOCUMENT # P06557

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1985	
4. FEI Number 13-3257362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
24	29

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		Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	RUBIN, BRUCE				
STREET ADDRESS	1000 HARBOR BLVD.				
CITY-STATE-ZIP	WEEHAWKEN FL				
TITLE	SVP	<input type="checkbox"/> DELETE			
NAME	ARNOLD, WALTER V				
STREET ADDRESS	1000 HARBOUR BLVD.				
CITY-STATE-ZIP	WEEHAWKEN NJ				
TITLE	AT	<input type="checkbox"/> DELETE			
NAME	LEVINE, KEN				
STREET ADDRESS	1000 HARBOUR BLVD.				
CITY-STATE-ZIP	WEEHAWKEN NJ				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	HAUGHEY, DOROTHY F.				
STREET ADDRESS	1000 HARBOUR BLVD.				
CITY-STATE-ZIP	WEEHAWKEN NJ 07087				
TITLE	FVP	<input type="checkbox"/> DELETE			
NAME	BROOKS, DAVID F				
STREET ADDRESS	1000 HARBOUR BLVD.				
CITY-STATE-ZIP	WEEHAWKEN NJ				
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	SNYDER, JAMES				
STREET ADDRESS	1000 HARBOUR BLVD.				
CITY-STATE-ZIP	WEEHAWKEN NJ 07087				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-STATE-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-STATE-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-STATE-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-STATE-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-STATE-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
6.2 NAME	Director				
6.3 STREET ADDRESS	Terrence E. Fancher				
6.4 CITY-STATE-ZIP	1000 Harbor Blvd. Weehawken, NJ 07087				

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, with a letter like empowered.

SIGNATURE:

Kenneth Levine 4-28-99 (201) 902-4323
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)