## 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

## DOCUMENT # V05957

1. Corporation Name

FLORIDA INCOME FUND VI, INC.

3250 MARY ST		Mailing Address							
	REET	3250 MARY STREET							
SUITE 306		SUITE 306				A A MAT WASTE IN THE ODNOR			
COCONUT GROVE FL 33131		COCONUT GROVE FL 331	COCONUT GROVE FL 33131			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed				
					01/13/1992				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0307032		🗆	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75	Additional	
22		27	-		5. Certifcate of Status Desired		`Fee F	Required	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	May Be	
<b>─</b> '		28			Trust Fund Contribution			to Fees	
Zip	Country	Zip	Co	untry	8. This corporation owes the curr	ent year Int	angible	***	
	·	29	30		Personal Property Tax.	one your me	Yes	□No	
24	25 ·		[30]	<del></del>	10. Name and Address of New F	Registered			
	9. Name and Address of Curren	it Registered Agent		81 Name	·	300,010.00			
OTE	WELIDTH DALE C			Tallin	•	_			
	INFURTH, PAUL C			82 Stree	Address (P.O. Box Number is Not Accepta	able)			
	MARY STREET						·		
	TE 306			83					
Miai	MI FL 33131			84 City			85 Zij	Code	
				84 City		FL	.   "		
11 Pursuant	to the provisions of Sections 607.050	2 and 607 1508. Florida Statut	tes, the	above-name	corporation submits this statement for the	purpose of	changing i	ts registered	
office or i	registered agent, or both, in the State.	of Florida, Such change was a	<b>Suthorize</b>	od by the cor	poration's board of directors. I hereby accep	pt the appoi	ntment as	registered	
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Fit	moa Sta	nutes.					
SIGNATURE		Alors	- Panistora	d Agout signatur	required when reinstating)	DATE		[	
40	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	<u>-</u>	ADDITIONS/CHANGES TO OF		D DIRECT	ORS IN 12	
12.	OFFICERS AIN	ID DINECTORS		•	ABBITIONS MADE TO S.				
	Linn		_	TITLE	<u> </u>		☐ Change	Addition	
TITLE	PD PARTY DAVIS O	☐ DELETE	1.1 7	TITLE			Change	Addition	
TITLE NAME	STEINFURTH, PAUL C	☐ DELETE	1.1 T 1.2 N	NAME			Change	e 🖂 Addition	
	STEINFURTH, PAUL C	☐ DELETE	1.1 T 1.2 N		,		. □ Change	e 🗍 Addition	
NAME	STEINFURTH, PAUL C	□ DELETE	1.1 T 1.2 N 1.3 S	NAME	,				
NAME STREET ADDRESS	STEINFURTH, PAUL C 3250 MARY STREET, SUITE 30	☐ DELETE	1.1 T 1.2 N 1.3 S 1.4 C	NAME STREET ADDRES	,		☐ Change		
NAME STREET ADDRESS CITY-ST-ZIP	STEINFURTH, PAUL C 3250 MARY STREET, SUITE 30	□ DELETE	1.1 T 1.2 N 1.3 S 1.4 C	NAME STREET ADDRES CITY-ST-ZIP	,				
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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 all other like empowered.

SIGNATURE:

TATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-447-130

Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90018 001 \*\*\*750.00

R2E034 (11/98)