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

PROFIT . **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name F9400003396 (8)

PRIME RETAIL FINANCE, INC.

Principal Place of Business	Mailing Address
19TH FLOOR 100 EAST PRATT STREET BALTIMORE MD 21202	19TH FLOOR 100 EAST PRATT STREET BALTIMORE MD 21202
2. Principal Place of Business	2a. Mailing Address

## **FILED** May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								
19TH FLOOR 19TH FLOOR								
100 EAST PRATT STREET BALTIMORE MD 21202		100 EAST PRATT S BALTIMORE MD 212				DO NOT WRITE IN THIS SPACE		
UNL INVOICE I	MV BIEVE	UNLTIMORIL MU ETE	·Vc			3. Date Incorporated or Qualified		
						06/28/1994		
2. Principal P	lace of Business	2a. Mailing Adoress				4. FEI Number Applied	For	
21		26				<b>52-1885613</b> Not Ap	plicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc				5. Certificate of Status Desired \$8.75 Additi	onal	
22		27				Fee Require	d	
City & Stat	<u> </u>	City & State				6. Election Campaign Financing \$5.00 May	Be	
23		28	<del></del>			Trust Fund Contribution	es	
Zip	Country	Zip	<b>├</b> ─¬	intry		8. This corporation owes or has paid the current year Intangit		
24	[25]	[29]	30	,		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Current	negisiereu Agent		81 1	Name	10. Name and Address of New Registered Agent		
	NN, WILLIAM J				- TOTAL			
	JLF COAST FACTORY SHOPS	n.		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	61 FACTORY SHOPS BOULEVAR	ע		83				
EU	LENTON FL 34222			"				
				84	City	FL 85 Zip Code		
41.6	10-1-70-00		4-1-4 4				internal	
office or r agent. I a	egistered agent, or both, in the State om familiar with, and accept the obligations.	of Horida. Such change v tions of, Section 607,050	was authorize 5, Florida Sta	d by th tutes.	he corporati	oration submits this statement for the purpose of changing its region's board of directors. I hereby accept the appointment as regis	tered	
SIGNATURE	(1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Alcili Ban lan	d Acces		ed when reinstating) DATE		
12.	Signature, typed or printed name of registers a agen OFFICERS AND	<del></del>	(4.5/11 Hogistere	u Agrini	sagnarare requar	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12	
TITLE	DC	DELETE		TLF			Addition	
NAME	RESCHKE, MICHAEL W		1.2 N	AME				
STREET ADDRESS	100 EAST PRATT STREET, 19	TH FLOOR	<b>.</b>	IRFET AD	ODRESS			
CITY-ST-ZIP	BALTIMORE MD			TY-\$1-7				
TITLE	CEOD	DELETE			-	Change	Addition	
NAME	CARPENTER, WILLIAM H JR		2 2 N	AME				
STREET ADDRESS	100 EAST PRATT STREET, 19	TH FLOOR	2.3 S	IREET AD	OORESS			
CITY-ST-ZIP	BALTIMORE MD 21202			ITY - ST-				
TITLE	PCOD	DELFTE				☐ Change ☐	Addition	
NAME	ROSENTHAL, ABRAHAM	<del></del>	3.2 N			_ · -		
STREET ADDRESS	100 EAST PRATT STREET, 19	TH FLOOR		TREET AD	DAESS			
CITY-ST-ZIP	BALTIMORE MD	,		ITY-ST-	· · · · · · · · · · · · · · · · · · ·			
TITLE	V	DELETE			<del></del>	Change	Addition	
NAME	RESCHKE, GLENN D		4.2 N		İ			
STREET ADDRESS	100 EAST PRATT STREET, 19	TH FLOOR		IREET AD	ODRESS			
	BALTIMORE MD 21202	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		IY-\$1-7	ł			
CITY-ST-ZIP TITLE	VS	DELETE			-"	Change	Addition	
NAME	SCHROEDER, C A	E. John Co.	5.2 N					
	100 EAST PRATT STREET, 19	THE ELOOP			anutec			
STREET ADDRESS	BALTIMORE MD	III FLOOR		IREE I AU	1			
CITY-ST-ZIP	V DALIMORE MU	DELETE		IY-\$1-7	ZIP	☐ Change ☐	Addition	
TITLE	OOTHELE OTENEN O	רי) מנוגוני				f cuanda F	MUUILIOII	
NAME	GOTHELF, STEVEN S	TIL FLOOD	62 N					
STREET ADDRESS	100 EAST PRATT STREET, 19	IH FLUUK		IRFET AD	1			
CITY-ST-ZIP	BALTIMORE MD		6.4 C	17-51-2	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 trusted 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 an attachment with an address.