


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90023 013 ***150.00

DOCUMENT # P0200008981

1. Entity Name
600 FIFTH AVENUE DEVELOPMENT CORP.



Principal Place of Business: **C/O CONTINENTAL REALTY CORP
 17 W PENNSYLVANIA AVENUE SUITE 500
 TOWSON, MD 21204**

Mailing Address: **C/O CONTINENTAL REALTY CORP
 17 W PENNSYLVANIA AVENUE SUITE 500
 TOWSON, MD 21204**

94030488



2. Principal Place of Business: **1427 Clarkview Rd.**

3. Mailing Address: **1427 Clarkview Rd.**

Suite, Apt. #, etc.: **Suite 500**

03032004 Chg-P CR2E034 (10/03)

City & State: **Baltimore, MD**

Zip: **21209** Country: **-**

4. FEI Number: **02-0617039**

Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**NAPLES-LAWDOCK, INC.
 4501 TAMiami TRAIL NORTH SUITE 300
 NAPLES, FL 34103-3060**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

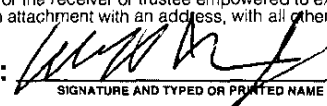
10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	LUETKEMEYER, JOHN A JR	
STREET ADDRESS	17 W PENNSYLVANIA AVENUE	
CITY-ST-ZIP	TOWSON, MD 21204	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SCHAPIRO, J. MARK	
STREET ADDRESS	17 W PENNSYLVANIA AVENUE	
CITY-ST-ZIP	TOWSON, MD 21204	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	KINNEAR, WILLIAM H JR	
STREET ADDRESS	17 W PENNSYLVANIA AVE STE 500	
CITY-ST-ZIP	TOWSON, MD 21204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1427 Clarkview Rd. Suite 500	
STREET ADDRESS	Baltimore, MD 21209	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1427 Clarkview Rd. Suite 500	
STREET ADDRESS	Baltimore, MD 21209	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1427 Clarkview Rd. Suite 500	
STREET ADDRESS	Baltimore, MD 21209	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **William H. Kinneer, Jr.** **3/8/04** **410-296-4800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #