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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(3)

AYR CORP

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

FILED	
May 11 1998 8:00an	n
Secretary of State	

Addition

Change

Principal Place of Business Mailing Address			, ,)	II BLAIN INNI	
	C TOWER SUITE 2370	NATIONSBANKTOWER S	UITE 2370					
100 SE 2 ST 100 SE 2 STREET MIAMI FL 33131-2145 MIAMI FL 33131-2145				DO NOT WRITE IN THIS SPACE				
US US					3. Date Incorporated or Qualified			
					11/26/1952			
2. Principal Place of Business 2s. Mailing Address					4. FEI Number Applied For			
26					59-6058086	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional	
27					B. Commodio of Claras Desired	Fee Re	equired	
City & State	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country Zip		Count	гу	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 Same and Address of Curre	29 ent Registered Agent	[30]		10. Name and Address of New Re			
DIC	KARD, BARBARA A	ART FIGURE OF A PROPERTY	8	1 Name	10.	<u></u>		
		Λ	<u> </u>			 		
NATIONSBANKTOWER SUITE 2370 100 SE 2 ST			8	82 Street Address (P.O. Box Number is Not Acceptable)				
	MI FL 33131		8	3				
MIAMI FL 33131			-					
				4 City		FL 85 Zip	Code	
office or re agent. Las SIGNATURE	egi ste red agent, or both, in the Stat m f am iliar with, and accept the obli	te of Florida, Such chango was gations of, Section 607.0505, Fl	authorized I orida Statut	by the corpor es.	orporation submits this statement for the prealion's board of directors. I hereby accep	pt the appointment as	ts registered registered	
Signature typod or printed name of registered agent and title it applicable (NOTE: F				Registered Agent signature required when reinstating) DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	STDM OFFICERS A	DELETE	13.	· · · · · · · · · · · · · · · · · · ·	P/T/D/M	X Change	Addition	
NAME	RICKARD, BARBARA A	[_] Steet	1.2 NAM		P/T/D/M	EZJ Ondrige	7.000.	
STREET ADDRESS	100 SE 2 STREET, SUITE 2	370		ET ADDRESS		•		
CITY-ST-ZIP	MIAMI FL	U/ V	1.4 CITY					
TITLE	PD	DELETE	2.1 TITLE		V/D	X Change	Addition	
NAME	HEMMINGS, ARTHUR I		2.2 NAMI		V / D			
STREET ADDRESS	2582 S E 7 CT		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	HOMESTEAD FL		2. 4 CITY	- S1 - ZIP				
TITLE	VD	☐ DELETE	3.1 TITLE		D		Addition	
NAME	BARR, SAMUEL L JR.		3.2 NAMI	£				
STREET ADDRESS	10 MARBELLA CT HAMMOO	CK DUNES	3.3 S1RE	ET ADDRESS				
CITY-ST-ZIP	PALM COAST FL		3.4. CITY	- \$1 - Z IP				
TITLE		☐ DELETË	4.1 TITLE		S	Change	X Addition	
NAME			4. 2 NAM	E	REICHARDT, FRANCES C.	•		
STREET ADDRESS			4.3 STRE	et address	15 N.E. 131st STREET			
CITY-ST-ZIP			4.4 CITY		MIAMI, FL 33161			
TITLE		L DELETE	5.1 TITLE			☐ Change	☐ Addition	
Î NAMF			5.2 NAMI	E I	* •			

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 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 charged, or on an altachment with an address.

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

DELETE