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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Daytime Phone # 0527573

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300000955 (5)

AYERS DEVELOPMENT CORPORATION

Principal Place of Business Mailing Address						{	IN STATE	i 1966 i Bildi i	/// // (00 /	
212 EAST THRID STREET. SUITE 300 212 EAST THRID STREET CINCINNATI OH 45202 CINCINNATI OH 45202				300						
		•				3. Date Incorporated or Qualified 03/08/1993	3a. Date 04/29/	of Last Re 1996	eport	
2. Principal P	lace of Business	2a. Mailing Addres	2a. Mailing Address			4. FEI Number			plied For	
21		26				31-1346811			t Applicable	
Suite, Apt 22		27				5. Certificate of Status Desired Series Seri				
City & State		City & State	⊢ ¬ ′			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country		28 Zin	Zip Country							
24	25 29					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
<u></u>		25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HAFI	ELE, DALE G			81 Nar	ne					
	5 SOUTH CEVELAND AVD., SL	JITE 214		62 Stre	et Addre	ss (P.O. Box Number is Not Acceptab	le)			
FORT MYERS FL 33907										
				83						
				84 City	,			85 Zip (Code	
					· · · · · · · · · · · · · · · · · · ·		FL			
office or r	registered agent, or both, in the Sta	te of Florida. Such change	e was authori	zed by the :	ned corpo corporatio	pration submits this statement for the pon's board of directors. I hereby accep	urpose of cl of the appoir	nanging its ntment as	s registered registered	
agent. I a	m familiar with, and accept the obli	gations of, Section 607.05	05, Florida S	Statutes.	,		, .			
SIGNATURE			A COTE DISTRICT			dubar religion	DATE			
12,	Signature, typed or printed name of registered a	egent and title it applicable ND DIRECTORS		3.	ature require	d when reinstating) ADDITIONS/CHANGES TO OFFICE		BECTOR	S IN 12	
TITLE	PCD	DELE		1 TiTLE		100110101010101010		Change	Addition	
NAME	WILLIAMS, THOMAS I.			2 NAME				•		
STREET ADDRESS	212 EAST 3RD STREET, SUIT	'E 300		3 STREET ADDRE	ess					
City-St-ZIP	CINCINNATI OH 45202			4 CITY-ST-ZIP						
TITLE	VD	☐ DELE		1 TITLE				Change	Addition	
NAME	WILLIAMS, WILLIAM J JR.		2.	2 NAME						
STREET ADORESS	212 EAST 3RD STREET, SUIT	TE 300	2.	3 STREET ADDRE	ss					
CITY-ST-ZIF	CINCINNATI OH 45202		2.	4 CITY - ST - ZIP						
TITLE	SD	DELE	TE 3.	1 TITLE				Change	Addition	
NAME	MODRALL, ANDREW R		3.	2 NAME						
STREET ADDRESS	212 EAST 3RD STREET, SUIT	E 300	3	3 STREET ADDRE	ESS					
C(TY-ST-ZIP	CINCINNATI OH 45202			4. CITY - ST - ZIP	\perp			Ta _b	T-1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
TITLE		☐ DELF		1 TITLE			Ļ	Change		
NAME				. 2 NAME						
STREET ADDRESS				3 STREET ADDA	ESS					
CITY-ST-ZIP		T see		4 CITY - ST - ZIP			г	Change	Addition	
TITLE		☐ DELE		.1 TITLE			L	7 ORUĞE	I''' WOOKION	
NAME				.2 NAME						
STREET ADDRESS				.3 STREET ADOR:	t55					
CITY - ST - ZIP		DELI		4 CITY-ST-ZIP	 		Т	Change	Addition	
TITLE		LJ DECO	l l	J TITLE			_	T Aviduito	- 100 GIOT	
NAME				.2 NAME	ECC					
STREET ADDRESS				3 STREET ADDR						
CITY-ST-ZIP	by certify that the information supp	lied with this filing does no	t oualify for	4 CITY-ST-ZIP the exempti	on stated	in Section 119.07(3)(i), Florida Statute	s. I further o	ertify that	the	
information	on indicated on this annual report of	or supplemental annual rep or the receiver or trustee	oort is true ar empowered	nd accurate to execute t	and that	my signature shall have the same legi as required by Chapter 607, Florida S	a) enect as i	i made un	ider datn: that	
appears	III, BIOCK 12 OF BIOCK TO I CHANGED,	o. or an addening it with	AA .		4					