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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90047 017 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # .53829

1. Corporation Name

FORDHAM, INC.

	WAIT ILAC!		,			Ikini man asin kum k	
Garage I Di		NA-115- N. A. J.					
Principal Place		Mailing Address			1		
222 SOUTH WESTMONTE DRIVE 222 SOUTH WESTMONTE DRIVE SUITE 202			MONTE DRI	VE	·		
ALTAMONMTE SPRINGS FL 32714 SUITE ZUZ ALTAMONMTE SPRINGS FL 32714 ALTAMONMTE SPRINGS FL		RINGS FL 32	2714	DO NOT WRITE IN THE	SSPACE	•	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7121733074372 07			3. Date Incorporated or Qualifed	-, -,	
					03/01/1990		
2. Principal P	lace of Business	2a. Mailing Addre	ess		4. FEI Number	Applied	For
21		26			59-2999812	Not App	plicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			\$8.75 Additi	
22		27			5. Certifcate of Status Desired	Fee Require	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May	Be
23		28			Trust Fund Contribution	Added to Fe	
Zip	Country	Zip		Country	8. This corporation owes the current year Ir	tangible	
24	25	29	30		Personal Property Tax.	☐Yes ☐N	lo
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
KIDO	W OTEVEN D	:		81 Name			
	BY, STEVEN P SOUTH WESTMONTE DRIVE			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
	E 202			83	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ALTA	AMONTE SPRINGS FL 32714	•				经税的基本	4-45
				84 City	Fi	85 Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florid	la Statutes,	the above-named cor	rporation submits this statement for the purpose o	f changing its regis	tered
office or r	egistered agent, or both, in the State	of Florida, Such chang	je was auth	orized by the corpora	tion's board of directors. I hereby accept the appo	intment as register	red
agent. i a	m familiar with, and accept the obliga	ntions of, Section 607.0	505, Florida	a Statutes.	tion's board of directors. I hereby accept the appo	intment as register	red
agent. I a	egistered agent, or both, in the state im familiar with, and accept the obligation of the state	ations.of, Section 607.0	505, Florida 5 teven	a Statutes.	1/11	/99	red — .
agent. i a	m familiar with, and accept the obligation of th	ations.of, Section 607.0	505, Florida 5 teven	Statutes.	1/11	199	· —
agent. I a	m familiar with, and accept the obligation of th	nt and title if applicable.	505, Florida Feven (NOTE: Rec	a Statutes. P. K. Abig gistered Agent signature requi	//// pred when reinstating), DATE	199 ND DIRECTORS II	· —
agent. I a SIGNATURE	m familiar with, and accept the obligation of th	nt and the if applicable.	505, Florida Feven (NOTE: Rec	P. K. by gistered Agent signature redui	//// pred when reinstating), DATE	199 ND DIRECTORS II	N 12
agent. I a SIGNATURE 12. TITLE	rm familiar with, and accept the obligation of t	nt and the if applicable.	505, Florida Feven (NOTE: Rec	a Statutes. P. K. A bygistered Agent signature redul 13. 1.1 TITLE	//// pred when reinstating), DATE	199 ND DIRECTORS II	N 12
agent. I a SIGNATURE 12. TITLE NAME	In familiar with, and accept the obligation of t	nt and the if applicable.	505, Florida Feven (NOTE: Rec	a Statutes. P. K b j. jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME	//// pred when reinstating), DATE	199 ND DIRECTORS II	N 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS	In familiar with, and accept the obligation of t	nt and the if applicable.	505, Florida 5 +e v e (NOTE: Rec	a Statutes. P. K. by gistered Agent signature redul 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS	//// pred when reinstating), DATE	ND DIRECTORS II	N 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	In familiar with, and accept the obligation of t	nt and stile if applicable. ND DIRECTORS	505, Florida 5 +e v e (NOTE: Rec	a Statutes. P. K. b. b. j. jistered Agent signature redui 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	//// pred when reinstating), DATE	ND DIRECTORS II	N 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	In familiar with, and accept the obligation of t	nt and stile if applicable. ND DIRECTORS	505, Florida 5 +e v e (NOTE: Rec	a Statutes. P. K. L.	//// pred when reinstating), DATE	ND DIRECTORS II	N 12 Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P	nt and stile if applicable. ND DIRECTORS	505, Florida 5 +e v e (NOTE: Rec	a Statutes. P. K. L.	//// pred when reinstating), DATE	ND DIRECTORS II	N 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	nt and stile if applicable. ND DIRECTORS	STETE	a Statutes. P. K. L. Spistered Agent signature reduit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	//// pred when reinstating), DATE	ND DIRECTORS II	N 12 Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ND DIRECTORS DE	STETE	a Statutes. P. K. L. Sijistered Agent signature reduit 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	//// pred when reinstating), DATE	ND DIRECTORS II	N 12] Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ND DIRECTORS DE	STETE	a Statutes. P. K. L. 13. Street Adorts signature reduling to the control of the cont	//// pred when reinstating), DATE	ND DIRECTORS II	N 12] Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Sint and the if applicable. ND DIRECTORS DE	STETE	a Statutes. P. K. b. 2 jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	//// pred when reinstating), DATE	ND DIRECTORS II	N 12] Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Sint and the if applicable. ND DIRECTORS DE	CHOTE: Rec	a Statutes. P. K. b. 2 jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	//// pred when reinstating), DATE	ND DIRECTORS II Change	N 12] Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ID DIRECTORS DE	CHOTE: Rec	a Statutes. P. K. L. P. K. L. P. K. L. J. State of Agent signature reduling to the Agent signature reduling to the Agent signature reduling to the Agent State of Agent	//// pred when reinstating), DATE	ND DIRECTORS II Change Change	N 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TITLE NAME TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ID DIRECTORS DE	CHOTE: Rec	a Statutes. P. K. b. 2 jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.1 TITLE	//// pred when reinstating), DATE	ND DIRECTORS II Change Change	N 12 Addition Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ID DIRECTORS DE	CHOTE: Rec	a Statutes. P. K. b. 2 jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	//// pred when reinstating), DATE	ND DIRECTORS II Change Change	N 12 Addition Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ID DIRECTORS DE	CHOTE: Rec	a Statutes. P. K. b. 2 Jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	//// pred when reinstating), DATE	ND DIRECTORS II Change Change Change	N 12] Addition] Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ID DIRECTORS DE DE	CHOTE: Rec	a Statutes. P. K. b. 2 Jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.5 NAME 4.5 NAME 4.5 NAME 4.5 NAME 4.6 NAME 4.5 NAME 4.6 NAME 4.6 NAME 4.6 NAME 4.7 NAME	//// pred when reinstating), DATE	Change C	N 12] Addition] Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ID DIRECTORS DE DE	CHOTE: Rec	a Statutes. P. K. L. P. K. L. Sijistered Agent signature redul. 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	//// pred when reinstating), DATE	Change C	N 12] Addition] Addition
Agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	m familiar with, and accept the obligs Signature, typed or printed name of registered age OFFICERS AN PD KIRBY, JUDITH A 342 N DOVER CT HEATHROW FL VD KIRBY, STEVEN P 342 N ODOVER CT	ations of, Section 607.0 Int and the if applicable. ID DIRECTORS DE DE	CHOTE: Rec	a Statutes. P. K. b. 2 Jistered Agent signature redul 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	//// pred when reinstating), DATE	Change C	N 12] Addition] Addition

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 changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS