FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DIVISION DIVISIONI DIVIS

FORDHAM ENTERPRISES INC

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90026 022 ***150.00

Principal Plac	ce of Business	Mailing Address	U.					
127	146TH AVE	127 146	- A	2VE				
and a marian Pe				1 FL	DO NOT WRITE IN THIS CRACE			
MADEIRA BEACH, PL MADEIRA DE				, , _		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
127 146TH AVE 127 1465 MADEIRO BEOCH, FL MADEIRO BE 33708				08	9-1-98			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			65-1864416	2 H	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•			\$8.7	5 Additional	
22		27			5. Certifcate of Status Desired	Fee	Required	
- City.& Stat	le	= City & State	<u>حــــــ</u>	تستد همجتن و در	6. Election Campaign Financing	\$5.0	O May Be	
23		28			Trust Fund Contribution	Adde	ed to Fees	
Zip				intry	8. This corporation owes the current	· <u>-</u>	-/	
24	25	29	30		Personal Property Tax.	☐ Yes	I2No	
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Reg	istered Agent		
10.	LERICK Engl	42m		Name				
RODERICK FORDHAM				82 Street A	ddress (P.O. Box Number is Not Acceptable	=)		
127	146 TH A)	E		83				
, , ,	, , ,	- 2270						
MA	DEIRA BEACH	FL 33/00		84 City		FL 85 Z	p Code	
		_	ites the a	hove-named c	corporation submits this statement for the pu		its registered	
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorized	by the corpor	ration's board of directors. I hereby accept the	he appointment as	registered	
	m familiar with, and accept the obligat	ions of Section 607.0305, Fi	iorida Stati	nes.	·	10.0	a	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature rec	quired when reinstating)	5-16-9 DATE	7	
12.	OFFICERS ANI	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12	
TITLE	P/T/5/D ROJERICK T FOI 127-146 TH AV	☐ DELETE	1.1 TI	TLE		Chang	e 🗌 Addition	
NAME	RODERICK T FOR	td Ham	1.2 N	ME				
STREET ADDRESS	127-146 TH AV	E .	1.3 \$1	REET ADDRESS				
CITY-ST-ZIP	MHOETRA BEHCK	1, EL 33700	1.4 Cl	TY-ST-ZIP				
TITLE		□ DELETE	2.1 TI	LE		Chang	e	
NAME			2.2 NA	ME				
STREET ADDRESS			2.3 ST	REET ADDRESS				
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TITLE	-	☐ DELETE	3.1 TIT	TLE	-	Chang	e	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
C/TY-ST-ZIP		· · ·		TY-ST-ZIP				
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NAME							ļ	
STREET ADDRESS				REET ADORESS				
CITY-ST-ZIP		41 * 69 dana a A	€ 6.4 C/T	Y-ST-ZIP	9 9 440 07/0\(0) Floride Contract			

4. 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 tribute 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.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3-16-99</u>

727 393 8881