

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

**FILED**

**Mar 03 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000003689 (7)**  
 1. Corporation Name  
**PADDINGTON RESOURCES INC.**



Principal Place of Business <b>1761 BUTTONBUSH CIRCLE PALM CITY FL 34990</b>	Mailing Address <b>1761 BUTTONBUSH CIRCLE PALM CITY FL 34980</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>08/10/1993</b>	
<b>4.</b> FEI Number <b>65-0361001</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BEDFORD, BRUCE P  
1761 BUTTONBUSH CIRCLE  
PALM CITY FL 34990**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>CPT</b> <input type="checkbox"/> DELETE
NAME	<b>BEDFORD, BRUCE PAUL</b>
STREET ADDRESS	<b>1761 BUTTONBUSH CIRCLE</b>
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>BEDFORD, SUSAN LOGAN</b>
STREET ADDRESS	<b>20 RIVER ROAD, APT. 8-F</b>
CITY-ST-ZIP	<b>NEW YORK NY 10044</b>
TITLE	<b>DV</b> <input type="checkbox"/> DELETE
NAME	<b>BEDFORD, JULIE ANN</b>
STREET ADDRESS	<b>4650 NORTH WASHINGTON BLVD APT 821</b>
CITY-ST-ZIP	<b>ARLINGTON VA 22201</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>RIGOT, JOSEPH M</b>
STREET ADDRESS	<b>2000 COURTHOUSE PLAZA NE</b>
CITY-ST-ZIP	<b>DAYTON OH 43401-8801</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>BEDFORD, ANN LOGAN</b>
STREET ADDRESS	<b>1761 BUTTONBUSH CIRCLE</b>
CITY-ST-ZIP	<b>PALM CITY FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 changed, or on an attachment with an address.

*(Signature)*

44 26 1998 312-817-7714

CFR2034 (10/97)