

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90132 003 \*\*\*150.00

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000003689**

1. Corporation Name  
**PADDINGTON RESOURCES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1761 BUTTONBUSH CIRCLE  
 PALM CITY FL 34990**

Mailing Address  
**1761 BUTTONBUSH CIRCLE  
 PALM CITY FL 34990**

3. Date Incorporated or Qualified  
**08/10/1993**

2. Principal Place of Business  
 21 [ ] 2a. Mailing Address  
 26 [ ]

4. FEI Number  
**65-0361001**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
 22 [ ] 27 [ ]

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
 23 [ ] 28 [ ]

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
 24 [ ] 25 [ ] 29 [ ] 30 [ ]

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 *[Signature]* DATE **JAN 5, 1999**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CPT	<input type="checkbox"/> DELETE
NAME	BEDFORD, BRUCE PAUL	
STREET ADDRESS	1761 BUTTONBUSH CIRCLE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BEDFORD, SUSAN LOGAN	
STREET ADDRESS	<del>20 RIVER ROAD, APT 807</del>	
CITY-ST-ZIP	<del>NEW YORK NY 10017</del>	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BEDFORD, JULIE ANN	
STREET ADDRESS	4650 NORTH WASHINGTON BLVD APT 821	
CITY-ST-ZIP	ARLINGTON VA 22201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RIGOT, JOSEPH M	
STREET ADDRESS	2000 COURTHOUSE PLAZA NE	
CITY-ST-ZIP	DAYTON OH 43401-8801	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BEDFORD, ANN LOGAN	
STREET ADDRESS	1761 BUTTONBUSH CIRCLE	
CITY-ST-ZIP	PALM CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<b>40 WEST 77th STREET, APT 9A</b>
2.4 CITY-ST-ZIP	<b>NEW YORK, NY 10024</b>
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, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **JAN 5, 1999**  
 Daytime Phone # **561-336-5483**

CR2E034 (11/98)