FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) BELLINGHAM INVESTORS, INC. Principal Place of Business Mailing Address 2161 GREYSTONE TRAIL P. O. BOX 199 ORLANDO FL 32818 BELLINGHAM MA 02019 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1982 2. Principal Place of Business 2a. Mailing Address Applied For 26 59-2212068 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LARSEN, DOUGLAS W MEE 2151 GREYSTONE TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32818 83 84 City ORLANDO 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered the of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Section office or registered agent for both yeagent. I am familiar with //inc/accept. Registered Agont signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE Addition TITLE AMBLER, LEE G. NAME 1.2 NAME **6 MENDON STREET** STREET ADDRESS 1.3 STREET ADDRESS **BELLINGHAM MA** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE MARZETTA, ALFRED NAME 22 NAME **50 SUMMER STREET** STREET ADDRESS 2.3 STREET ADDRESS **BLACKSTONE MA** CITY-ST-ZIP 2.4 CITY - ST-ZIP DELETE Change Addition TITLE 3.1 TITLE REED, JOSEPH NAME 3.2 NAME MISCOE SPRING ROAD STREET ADDRESS 3.3 STREET ADDRESS MENDON MA CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE TITLE 4.1 TITLE Change Addition FARRELL, PAUL G. NAME 4. 2 NAME 225 FARM STREET STREET ADDRESS 4.3 STREET ADDRESS BELLINGHAM MA CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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 trusted 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.

DELETE

6 1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition