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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90191 020 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 499628

1. Corporation Name
BDEIR INVESTMENTS, INC.



Principal Place of Business Mailing Address
1490 AVOCADO AVE **1490 AVOCADO AVE**
MELBOURNE FL 32935 **MELBOURNE FL 32935**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/24/1976

2. Principal Place of Business 2a. Mailing Address
21 805 CROSSBOW DR. **26 P.O. Box 360475**

4. FEI Number Applied For
59-1694097 Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **27**

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

City & State City & State
23 WEST MELBOURNE **28 Melbourne, FL**

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

Zip Country Zip Country
24 32904 **25 USA** **29 32936** **30 USA**

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

CONNER, WILLIAM E.
1490 AVOCADO AV.
MELBOURNE FL 32935

81 Name **CONNER, William E.**
 82 Street Address (P.O. Box Number is Not Acceptable)
805 CROSSBOW DR.
 83
 84 City **West Melbourne** FL 85 Zip Code **32904**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	BDEIR, ROSEMARY	
STREET ADDRESS	PO BOX 48 N/A	
CITY-ST-ZIP	AMMAN, JORDAN 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CONNER, WILLIAM E	
STREET ADDRESS	2585 ST MICHEL AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CONNER, MATTIE R.	
STREET ADDRESS	2585 ST MICHEL AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BDEIR, OTHMAN	
STREET ADDRESS	PO BOX 48 N/A	
CITY-ST-ZIP	AMMAN, JORDAN 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	805 CROSSBOW DR.
2.4 CITY-ST-ZIP	West Melbourne, FL 32904
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	805 CROSSBOW DR.
3.4 CITY-ST-ZIP	West Melbourne, FL 32904
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: **William E. Conner** **William E. Conner** 1-19-99 (407) 956-6504

CR2E034 (1/98)