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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000080564

1. Corporation Name
BEAM ENGINEERING FOR ADVANCED MEASUREMENTS CO.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**3948 ORANGE LAKE DRIVE
 ORLANDO FL 32817-1638**

Mailing Address
**3948 ORANGE LAKE DRIVE
 ORLANDO FL 32817-1638**

3. Date Incorporated or Qualified
09/30/1996

2. Principal Place of Business
21 100 Alexandria Blvd.

2a. Mailing Address
26 100 Alexandria Blvd.

4. FEI Number
59-3408179

Suite, Apt. #, etc.
22 Suite 5

Suite, Apt. #, etc.
27 Suite 5

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

City & State
23 Oviedo, FL

City & State
28 Oviedo, FL

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

Zip Country
24 32765 25 USA

Zip Country
29 32765 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

**ZEL'DOVICH, B.YA.
 3948 ORANGE LAKE DRIVE
 ORLANDO FL 32817-1638**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ZEL'DOVICH, B.YA. 3948 ORANGE LAKE DRIVE ORLANDO FL 32817-1638 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TABIRIAN, N.V. 1563 CRICKET CLUB CIRCLE, #108 ORLANDO FL 32828 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOILEAU, M.J. 100 TUSKAWILLA ROAD WINTER SPRINGS FL 32708 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD Tabirian, N.V. 1563 Cricket Club. Cir., #108 Orlando, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/S/D Zel'dovich, B.Ya. 3948 Orange Lake Drive Orlando, FL 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D Soileau, M.J. 100 Tuskawilla Road Winter Springs, FL 32708 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	V/D I.C. Khoo 720 Cornwallis Drive Mt Laurel, NJ 08054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: N.V. TABIRIAN 3/9/99 (407)977-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)