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FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90179 017 ***163.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **513308**

1. Corporation Name
ELECTRON BEAM DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address
3591 SW DEGGELLER CT 3591 SW DEGGELLER CT
PALM CITY TURNPIKE INDUSTRIAL PARK PALM CITY TURNPIKE INDUSTRIAL PARK
PALM CITY FL 34990 PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified
09/01/1976
 4. FEI Number Applied For
59-1694103 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
BICKEL, JAMES, S
13018 FLAMINGO TERRACE
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent
 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BICKEL, JAMES S	
STREET ADDRESS	13018 FLAMINGO TERRACE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BANCROFT, EDWARD L	
STREET ADDRESS	5528 SW ANHINGA AVE	
CITY-ST-ZIP	PALM CITY, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HIGGINS, KENNETH F.	
STREET ADDRESS	1684 SW 85TH TERR.	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHA/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33410	
2.1 TITLE	P/COO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES B. BICKEL	
2.3 STREET ADDRESS	13078 COASTAL CIRCLE	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
3.1 TITLE	EXEC VP/ST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MATTHEW M. BICKEL	
3.3 STREET ADDRESS	13096 COASTAL CIRCLE	
3.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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: James S. Bickel **JAMES S. BICKEL** 04/29/99 561-283-2152
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)