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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 8504; Corporation Name SOLID STATE TESTING, INC.	MalJing Address				
MIDDLESEX TURNPIKE RLINGTON MA 01803	56 MIDDLESEX TURNPIKE BURLINGTON MA 01803-4			<b>*</b>	
			3. Date Incorporated or Qualified 09/22/1981	3s. Date of Last Re 05/01/1996	eport
, Principal Place of Business	2a. Mailing Address 26		4. FEI Number 04-2467276	<b>├-</b>	plied For t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	dditional
City & State	City & State	- <del> </del>	6. Election Campaign Financing	Fee Rec \$5.00	<del></del>
	28		Trust Fund Contribution	Added to	
Zip Country (25)	Zip (29)	Country	This corporation has liability for Florida Statutes	r intangible tax under s.  Yes No	199.032,
h	Current Registered Agent		10. Name and Address of New R		
BURNS, ROBERT		81 Name			
1555 N A1A HWY #503 INDIALANTIC FL 32903		82 Street Add	dress (P.O. Box Number is Not Accepta	able)	***************************************
INDIALAINIO P.L. 32003		63			
		84 City		95 Zip C	Code
		[ 0 1 ] 0 1 7			
Pursuant to the provisions of Sections 6 office or registered agent, or both, in the arrest Lam familiar with and accept the	607.0502 and 607.1508, Florida Stat ne State of Florida Such change wa ne obligations of Section 607.0505.	tutes, the above-named consideration and consideration of the corporation of the corporat	rporation submits this statement for the ation's board of directors. I hereby acce	- n- ( )	s registere registered
agent I am familiar with, and accept th GNATURE Signaline, fysical or printed name of regi-	ie obligations of, Section 607.0505,	tutes, the above-named cois authorized by the corpora Florida Statutes.  IOTE Registered Agent signature requirements.		purpose of changing its ept the appointment as i	
agent   anj familiar with, and accept the GNATURE Stgrader, lysted or printed name of reg- c. OFFICE IE D	ie obligations of, Section 607.0505,	Florida Statutes.  IOTE Registered Agent signature requ  13.  11 TiTLE	uired when reinstating)	purpose of changing its ept the appointment as i	S IN 12
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-97

(417) 272-097.

**FILED** 

May 15 1997 8:00am

Secretary of State

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