


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000044

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90042 041 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # 850433**  
 1. Corporation Name  
**SOLID STATE TESTING, INC.**



Principal Place of Business 56 MIDDLESEX TURNPIKE BURLINGTON MA 01803	Mailing Address 56 MIDDLESEX TURNPIKE BURLINGTON MA 01803
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 04-2467276	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent  
 BURNS, ROBERT  
 1555 N A1A HWY #503  
 INDIALANTIC FL 32903

10. Name and Address of New Registered Agent  
 81 Name **ROBERT BURNS**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1345 N. HWY A1A**  
 83 **JADE PALM # 304**  
 84 City **INDIALANTIC** FL 85 Zip Code **32903**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNS, ROBERT	
STREET ADDRESS	1555 N A1A HWY #503	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	<del>CHAIRWOMAN</del>	<input type="checkbox"/> DELETE
NAME	BURNS, JANICE	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA 01803	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURNS, LINDA	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	BURNS, JOHN J	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON, MA 00000	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	FRED MOMAYEZ	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA 01803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *F. Momayez* **FRED MOMAYEZ** 4/1/99 (781) 272-0972  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1:1/98)