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Apr 07, 1999 8:00 am  
Secretary of State

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/22/1981

4. FEI Number

04-2467276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ 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

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 D ☐ DELETE  
NAME BURNS, ROBERT  
STREET ADDRESS 1555 N A1A HWY #503  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ~~CHAIRWOMAN~~ ☐ DELETE  
NAME BURNS, JANICE  
STREET ADDRESS 56 MIDDLESEX TURNPIKE  
CITY-ST-ZIP BURLINGTON MA 01803

TITLE S ☐ DELETE  
NAME BURNS, LINDA  
STREET ADDRESS 56 MIDDLESEX TURNPIKE  
CITY-ST-ZIP BURLINGTON MA

TITLE ~~JD~~ ☐ DELETE  
NAME BURNS, JOHN J  
STREET ADDRESS 56 MIDDLESEX TURNPIKE  
CITY-ST-ZIP BURLINGTON, MA 00000

TITLE PRESIDENT ☐ DELETE  
NAME FRED MOMAYEZ  
STREET ADDRESS 56 MIDDLESEX TURNPIKE  
CITY-ST-ZIP BURLINGTON MA 01803

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 (781) 272-0972  
Date Daytime Phone #

CR2E034 (1/1/98)