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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90002 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000000988**

1. Corporation Name
PAMET SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1000 MAIN ST ACTON MA 01420

3. Date Incorporated or Qualified
02/20/1998

2. Principal Place of Business 2a. Mailing Address

4. FEI Number Applied For
04-2985838 Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip Country 28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSWICK, DAVID
101 SOUTHWALL LANE, SUITE 400
MAITLAND FL 32751

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C <input type="checkbox"/> DELETE
NAME	SEARCY, JOEL B
STREET ADDRESS	20 RADDIN RD
CITY-ST-ZIP	GROTON MA 01450
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BERGER, LAURENCE
STREET ADDRESS	8 TURNER RD
CITY-ST-ZIP	MARBLEHEAD MA 01945
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SPELKE, LEE
STREET ADDRESS	54 TEMPLE ST
CITY-ST-ZIP	WEST NEWTON MA 02165
TITLE	P <input type="checkbox"/> DELETE
NAME	MCKAY, DAVID T
STREET ADDRESS	825 WEST ST
CITY-ST-ZIP	CARLISLE MA 01741
TITLE	VT <input type="checkbox"/> DELETE
NAME	BECKER, RICHARD C
STREET ADDRESS	12 LARCH RD
CITY-ST-ZIP	ACTON MA 01720
TITLE	D <input type="checkbox"/> DELETE
NAME	ROBBOY, STANLEY
STREET ADDRESS	104 DONEGAL DR
CITY-ST-ZIP	CHAPEL HILL NC 27514

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	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUCE ROGOW
2.3 STREET ADDRESS	220 OCEAN AVE
2.4 CITY-ST-ZIP	MARBLEHEAD, MA 01945
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVINDER SETHI
3.3 STREET ADDRESS	37 E. RIDGE Rd
3.4 CITY-ST-ZIP	SKILLMAN, NJ 08558
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-99

978-263-2060

Date Daytime Phone #

CR2E034 (1/98)