FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY 27 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000089863

1. Corporation Name
FIREARMS SIMULATION SYSTEMS INC.

Principal Place of Business
4450 H ENTERPRISE CT.
MELBOURNE, FL 32934

Mailing Address
SAME

2. Principal Place of Business
21 4450 H ENTERPRISE CT

Suite, Apt. #, etc
22

City & State
23 MELBOURNE FL

Zip
24 32934

Country
25 U.S.

2a. Mailing Address
26

Suite, Apt. #, etc
27 SAME.

City & State
28

Zip
29

Country
30

3. Date Incorporated or Qualified

3a. Date of Last Report
MAR 1996

4. FEI Number
59-3180869
☐ Applied For
☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENJAMIN CHESHELSKI
656 HAWKSBILL IS. DR.
SATELLITE BCH. FL 32937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
SAME

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 BENJAMIN CHESHELSKI Benjamin Cheshelski 5-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BENJAMIN CHESHELSKI 656 HAWKSBILL IS. DR. SATELLITE BCH. FL 32934 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER 656 HAWKSBILL IS. DR. ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 000002196500--9 -05/30/97--01097--016 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT BENJAMIN CHESHELSKI 656 HAWKSBILL IS. DR. SATELLITE BCH. FL 32937 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER LINDA CHESHELSKI 656 HAWKSBILL IS. DR. SATELLITE BCH. FL 32937 ☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SEC./TREAS. LINDA CHESHELSKI 656 HAWKSBILL IS. DR. SATELLITE BCH. FL 32937 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES. ANDREW GAZAWAY 2580 HOLCOMB SPRINGS. DR. ALPHARETTA, GA 30202 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BONNIE SCOTT-SECY 2580 HOLCOMB SPRINGS DR ALPHARETTA, GA. 30202 ☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

5/27/97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Benjamin Cheshelski BENJAMIN CHESHELSKI 5-12-97 401 752-7756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #