

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

DOCUMENT # F96000002127 (6)

1. Corporation Name
ADVANCED ORDNANCE CORP.

Principal Place of Business
**7 GRASSO AVE.
NORTH HAVEN CT 06473**

Mailing Address
**7 GRASSO AVE.
NORTH HAVEN CT 06473-3237**

2. Principal Place of Business

21
Suite, Apt. #, etc.

26 Mailing Address

27 Suite, Apt. #, etc.

22
City & State

23
Zip

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
04/26/1986

3a. Date of Last Report

4. FEINumber
APPLIED FOR 59-3370512

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

10. Name and Address of New Registered Agent

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 607.0602 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PDCE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSSBERG, JONATHAN	1.2 NAME	
STREET ADDRESS	69 SUNSET BEACH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANFORD CT 06405	1.4 CITY-ST-ZIP	
V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSSBERG, IVER	2.2 NAME	
STREET ADDRESS	310 BLUE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAMDEN CT 06518	2.4 CITY-ST-ZIP	
VS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, GEORGIA L	3.2 NAME	
STREET ADDRESS	386 DOWNS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BETHANY CT 06525	3.4. CITY-ST-ZIP	
VSTD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHONER, WILLIAM H	4.2 NAME	
STREET ADDRESS	38 HOLLOW BROOK RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINDSOR CT 06095	4.4 CITY-ST-ZIP	
DC	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSSBERG, ALAN L	5.2 NAME	
STREET ADDRESS	873 SECOND AVENUE S.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001986

CR2E034 (9/96)