

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000039863 (4)

1. Corporation Name

FIREARMS SIMULATION SYSTEMS, INC.



Principal Place of Business

Mailing Address

656 HAWKSBILL ISLAND DR
SATELLITE BEACH FL 32907
4450 N. ENTERPRISE CT.
MELBOURNE, FL 32937

656 HAWKSBILL ISLAND DR
SATELLITE BEACH FL 32937

SAME.

2. Principal Place of Business

2a. Mailing Address

21 4450 N ENTERPRISE CT.

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Melbourne FL

28 City & State

24 Zip 32937 Country U.S.

29 Zip Country

3. Date Incorporated or Qualified
05/28/1993

3a. Date of Last Report
03/17/1995

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

10. Name and Address of New Registered Agent

CHESHELSKI, BENJAMIN J
656 HAWKSBILL ISLAND DR
SATELLITE BEACH FL 32937

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

Signature typed or printed below of registered agent or director (if applicable)

Signature typed or printed below of new registered agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P CHESHELSKI, BENJAMIN J

NAME CHESHELSKI, BENJAMIN J
STREET ADDRESS 656 HAWKSBILL ISLAND DR
CITY-ST-ZIP SATELLITE BEACH FL

TITLE V GAZAWAY, ANDREW R

NAME GAZAWAY, ANDREW R
STREET ADDRESS 2580 HOLCOMB SPRINGS DR
CITY-ST-ZIP ALPHARETTA GA

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

700001850587
-06/04/96--01133--025
***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

B.J. Cheselski

B.J. CHESHELSKI

5-23-96

407-752-7755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)