

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 # P95000042323 (2)

1. Corporation Name

STRATEGIC TRAINING SYSTEMS, INC.



Principal Place of Business

800 NORTH MAGNOLIA AVENUE  
SUITE 1500  
ORLANDO FL 32803

Mailing Address

% ALAN H. DANIELS, ESQ.  
P.O. BOX 2346  
ORLANDO FL 32802

3. Date Incorporated or Qualified

05/30/1995

3a. Date of Last Report

NONE

2. Principal Place of Business

2a. Mailing Address

21 2453 ORLANDO PARKWAY

25 2453 ORLANDO PARKWAY

4. FEI Number

59-3316659

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

DANIELS, ALAN H  
800 NORTH MAGNOLIA AVENUE  
SUITE 1500  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

WILLIAM A TATE

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

2453 ORLANDO CENTRAL PARKWAY

83

84 City

ORLANDO

FL

85 Zip Code

32809

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

William A. Tate

(NOTE: Registered Agent signature required when reinstating)

DATE

April 4, 1996

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/P

☐ Change

☒ Addition

1.2 NAME

TATE, WILLIAM A.

1.3 STREET ADDRESS

2931 SUMMERFIELD ROAD

1.4 CITY - ST - ZIP

WINTER PARK FL 32792

2.1 TITLE

D/V

☐ Change

☒ Addition

2.2 NAME

TATE, JOHN A.

2.3 STREET ADDRESS

6241 WESTGATE DR, APT 1607

2.4 CITY - ST - ZIP

ORLANDO FL 32835

3.1 TITLE

D/V/S

☐ Change

☒ Addition

3.2 NAME

JORGENSEN, WILLIAM F.

3.3 STREET ADDRESS

1041 SHAFFER TRAIL

3.4 CITY - ST - ZIP

OVIDO FL 32765

4.1 TITLE

D/V/T

☐ Change

☒ Addition

4.2 NAME

MANHIRE, JOHN T.

4.3 STREET ADDRESS

6124 ST IVES BLVD

4.4 CITY - ST - ZIP

ORLANDO FL 32819

5.1 TITLE

D

☐ Change

☒ Addition

5.2 NAME

TATE, HELEN

5.3 STREET ADDRESS

2931 SUMMERFIELD ROAD

5.4 CITY - ST - ZIP

WINTER PARK FL 32792

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

William A. Tate

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Tate, President

April 4, 1996 (407) 351-5333

Date

Daytime Phone #

CR2E034 (12/95)