

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000042323 (2)**

1. Corporation Name  
**STRATEGIC TRAINING SYSTEMS, INC.**



Principal Place of Business <b>2453 ORLANDO PKWY SUITE 1500 ORLANDO FL 32809 US</b>	Mailing Address <b>2453 ORLANDO PKWY P.O. BOX 2346 ORLANDO FL 32802-2346 US</b>
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3. Date Incorporated or Qualified <b>05/30/1995</b>	3a. Date of Last Report <b>04/22/1996</b>
4. FEI Number <b>59-3316659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent  <b>TATE, WILLIAM A 2453 ORLANDO CENTRAL PKWY SUITE 1500 ORLANDO FL 32809</b>
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10. Name and Address of New Registered Agent  81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 *John A. Tate* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	<b>TATE, WILLIAM A</b>
STREET ADDRESS	<b>2931 SUMMERFIELD RD</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	DV <input type="checkbox"/> DELETE
NAME	<b>TATE, JOHN A</b>
STREET ADDRESS	<b>6241 WESTGATE DR APT 1807</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	DVS <input type="checkbox"/> DELETE
NAME	<b>JORGENSEN, WILLIAM F</b>
STREET ADDRESS	<b>1041 SHAFFER TRAIL</b>
CITY-ST-ZIP	<b>OVIEDO FL</b>
TITLE	DVT <input type="checkbox"/> DELETE
NAME	<b>MANHIRE, JOHN T</b>
STREET ADDRESS	<b>6124 ST IVES BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>TATE, HELEN</b>
STREET ADDRESS	<b>2931 SUMMERFIELD RD</b>
CITY-ST-ZIP	<b>WINTER PARK FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>TATE, John A</b>
2.3 STREET ADDRESS	<b>11505 Osprey Point Blvd.</b>
2.4 CITY-ST-ZIP	<b>Clermont, FL 34711</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *John A. Tate* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)