

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # F96000006602 (4)
 1. Corporation Name
SECURENET ALARM SYSTEMS, INC.



Principal Place of Business 1809 S. HOOVER RD 106 WICHITA KS 67209 US	Mailing Address 1809 S. HOOVER RD 106 WICHITA KS 67209 US
------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 12/16/1996	4. FEI Number 48-1189476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A		

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PCD ROSIERE, RANDY	<input checked="" type="checkbox"/>
NAME	1917 O'NEIL COURT	
STREET ADDRESS	WICHITA KS	
CITY-ST-ZIP		
TITLE	STD LARY, CLINTON L	<input checked="" type="checkbox"/>
NAME	628 SOUTH LIGHTNER	
STREET ADDRESS	WICHITA KS	
CITY-ST-ZIP		
TITLE	D JORGENSEN, JOHN F	<input type="checkbox"/>
NAME	8920 CHERRY COURT	
STREET ADDRESS	WICHITA KS	
CITY-ST-ZIP		
TITLE	D CLARK, MICHAEL	<input type="checkbox"/>
NAME	3120 GRAIL	
STREET ADDRESS	WICHITA KS	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	PCD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	ROSIERE, RANDY		
1.3 STREET ADDRESS	9702 CORNELISON		
1.4 CITY-ST-ZIP	WICHITA KS 67212		
2.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	LARY, CLINTON L		
2.3 STREET ADDRESS	11606 W. JAMESBURG		
2.4 CITY-ST-ZIP	WICHITA KS 67207		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *Randy Rosiere* *Randy Rosiere* President 4-26-98 (316) 9412-414741

CR2E034 (10/97)