

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

PROFIT CORPORATION, ANNUAL REPORT 1996



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

DOCUMENT # P00699 (9)

1. Corporation Name
ASI SYSTEMS INTERNATIONAL (INCORPORATED)



Principal Place of Business: 326 W KATELLA AVE. STE 4-K ORANGE CA 92667
Mailing Address: 326 W KATELLA AVE. STE 4-K ORANGE CA 92667

3. Date Incorporated or Qualified 01/24/1984	3a. Date of Last Report 05/01/1995
4. FEI Number 95-2489176	Applied For <input type="checkbox"/> 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 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	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent WHATLEY, JAMES C. 838 N. EGLIN PARKWAY SUITE 202 FT. WALTON BEACH FL 32548	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. Suite # 202 84. City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULARSON, CHARLES H.	1.2 NAME	
STREET ADDRESS	7630 LITTLE RIVER TRNPK	1.3 STREET ADDRESS	
CITY - ST - ZIP	ANNANDALE VA	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, THOMAS E.	2.2 NAME	
STREET ADDRESS	326 W KATELLA AVE #4K	2.3 STREET ADDRESS	800001739728
CITY - ST - ZIP	ORANGE CA	2.4 CITY - ST - ZIP	-03/12/96--01064--004
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHATLEY, JAMES C., JR.	3.2 NAME	***200.00
STREET ADDRESS	838 N. EGLIN PARKWAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. WALTON BEACH FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERRAZZA, JOSEPH	4.2 NAME	D SPERRAZZA, JOSEPH
STREET ADDRESS	325 ROGERS ST.	4.3 STREET ADDRESS	P.O. BOX 90 N/A
CITY - ST - ZIP	ABERDEEN MD	4.4 CITY - ST - ZIP	WHITEFORD, MD 21160
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JOHN D.	5.2 NAME	
STREET ADDRESS	326 W KATELLA AVE #4K	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CA	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, JACK M.	6.2 NAME	
STREET ADDRESS	326 W KATELLA AVE #4K	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE CA	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 and I agree 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: *Thomas E Gilbert* **THOMAS E GILBERT** 3/7/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____

CR2E034 (12/95)