

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00699 (9)
 1. Corporation Name
ASI SYSTEMS INTERNATIONAL (INCORPORATED)



Principal Place of Business 826 W KATELLA AVE. SUITE 4-K ORANGE CA 92867	Mailing Address 326 W KATELLA AVE. SUITE 4-K ORANGE CA 92867-4756
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2. Principal Place of Business 21 [Redacted]	2a. Mailing Address 26 [Redacted]	3. Date Incorporated or Qualified 01/24/1984	3a. Date of Last Report 03/12/1996
22 [Redacted]	27 [Redacted]	4. FEI Number 95-2489176	Applied For <input type="checkbox"/> Not Applicable
23 [Redacted]	28 [Redacted]	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 [Redacted]	29 [Redacted]	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 [Redacted]	30 [Redacted]	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	84 City
		85 Zip Code	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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD GULARSON, CHARLES H. 7630 LITTLE RIVER TRNPK ANNANDALE VA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD GILBERT, THOMAS E. 326 W KATELLA AVE #4K ORANGE CA	1.2 NAME	
STREET ADDRESS	VD WHATLEY, JAMES C., JR. 838 N. EGLIN PARKWAY FT. WALTON BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	D SPERRAZZA, JOSEPH P.O. BOX 90 N/A WHITFIELD MD 21160	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WATSON, JOHN D. 326 W KATELLA AVE #4K ORANGE CA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S MILLER, JACK M. 326 W KATELLA AVE #4K ORANGE CA	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VTS JOERGER, STEVEN G.
STREET ADDRESS		6.3 STREET ADDRESS	326 W. KATELLA AVE., STE. 4K
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ORANGE, CA 92867

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: *S. G. [Signature]* 5/5/97 714 744-1594

CR2E034 (9/96)