

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

FILED
Apr 15 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 # F95000001499 (1)
 1. Corporation Name
ASI/ALARM SERVICES INC.



Principal Place of Business: **3075 ST. THOMAS MISSOULA MT 59803**
 Mailing Address: **3075 ST. THOMAS MISSOULA MT 59803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/28/1995**

4. FEI Number: **81-0477438** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

g. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND RD., PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITCH, W C	1.2 NAME	
STREET ADDRESS	3075 ST. THOMAS	1.3 STREET ADDRESS	
CITY-ST-ZIP	MISSOULA MT	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASNER, ROBERT M	2.2 NAME	
STREET ADDRESS	3075 ST. THOMAS	2.3 STREET ADDRESS	
CITY-ST-ZIP	MISSOULA MT 59803	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFER, JOHN F	3.2 NAME	
STREET ADDRESS	3075 ST. THOMAS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MISSOULA MT	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	Director only <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEVERS, KENNETH L	4.2 NAME	
STREET ADDRESS	37328 N FULLMON	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALMDALE CA	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLYN, AUDRIE G	5.2 NAME	
STREET ADDRESS	7183 SIESTA DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MISSOULA MT	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

CR2E034 (10/97)