

FILL NO . FILING FEE AFTER MAY 1 IS \$225.00

1997 REPORT NOT RECEIVED

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1996 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**May 21 1997 8:00am**  
**Secretary of State**

**DOCUMENT # P94000091233 (4)**  
 1. Corporation Name  
**ASI HOLDING, INC.**

Principal Place of Business <b>1377 CLINT MOORE ROAD          BOCA RATON FL 33487          US</b>	Mailing Address <b>1377 CLINT MOORE ROAD          BOCA RATON FL 33487          US</b>
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3. Date Incorporated or Qualified <b>12/15/1994</b>	3a. Date of Last Report <b>07/10/1995</b>
4. FEI Number <b>65-0571747</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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9. Name and Address of Current Registered Agent  
**BECK, LOUIS S  
 2300 CORPORATE BLVD. N.W.  
 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
**81 Name LAWRENCE RAYMAN**  
**82 Street Address (P.O. Box Number is Not Acceptable) 1377 CLINT MOORE ROAD**  
**83**  
**84 City BOCA RATON FL 85 Zip Code 33487**

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 **LAWRENCE RAYMAN, PRESIDENT** *L Ray* **5/16/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>RAYMAN, LAWRENCE</b>	
STREET ADDRESS	<b>1377 CLINT MOORE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>BDT</b>	<input type="checkbox"/> DELETE
NAME	<b>RAYMAN, BIRGITTA</b>	
STREET ADDRESS	<b>1377 CLINT MOORE ROAD</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33487</b>	
TITLE	<b>CD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BECK, LOUIS S</b>	
STREET ADDRESS	<b>2300 CORPORATE BLVD NW</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ETHAN ALPERT</b>	
4.3 STREET ADDRESS	<b>1377 CLINT MOORE ROAD</b>	
4.4 CITY-ST-ZIP	<b>BOCA RATON, FL 33487</b>	
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	<b>10000220154</b>	
6.3 STREET ADDRESS	<b>-06/04/97--01069--016</b>	
6.4 CITY-ST-ZIP	<b>***173.75</b>	

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 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 as an attachment with an address.

SIGNATURE: *L Ray* **LAWRENCE RAYMAN** **5/16/97** **(561) 241-9599**