

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:56

DOCUMENT # **F94000001912 (4)**

1. Corporation Name

**AUTOMATED MONITORING AND CONTROL INTERNATIONAL, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>11819 MIAMI STREET OMAHA NE 68164</b>	Mailing Address <b>11819 MIAMI STREET OMAHA NE 68164</b>
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3. Date Incorporated or Qualified <b>04/13/1994</b>	3a. Date of Last Report
4. FEI Number <b>47-0702559</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>PENDLEY, CURTIS W</b>
STREET ADDRESS	<b>11819 MIAMI STREET</b>
CITY, ST, ZIP	<b>OMAHA NE</b>
TITLE	<b>V</b>
NAME	<b>DEEG, EARL</b>
STREET ADDRESS	<b>11819 MIAMI STREET</b>
CITY, ST, ZIP	<b>OMAHA NE</b>
TITLE	<b>S</b>
NAME	<b>BARR, BILL</b>
STREET ADDRESS	<b>1410 DODGE STREET</b>
CITY, ST, ZIP	<b>OMAHA NE</b>
TITLE	<b>C</b>
NAME	<b>KORALESKI, JACK</b>
STREET ADDRESS	<b>1418 DODGE STREET</b>
CITY, ST, ZIP	<b>OMAHA NE</b>
TITLE	<b>D</b>
NAME	<b>GARGUS, ROBERT</b>
STREET ADDRESS	<b>2304 ZANKER ROAD</b>
CITY, ST, ZIP	<b>SAN JOSE CA</b>
TITLE	<b>D</b>
NAME	<b>WRENN, JOYCE</b>
STREET ADDRESS	<b>1418 DODGE STREET</b>
CITY, ST, ZIP	<b>OMAHA NE</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John M. Nevada**  
Date: **5/24/95**