


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

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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90124 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001912

1. Corporation Name
AUTOMATED MONITORING AND CONTROL INTERNATIONAL, INC.



Principal Place of Business 11819 MIAMI STREET OMAHA NE 68164	Mailing Address 11819 MIAMI STREET OMAHA NE 68164
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DO NOT WRITE IN THIS SPACE

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	30
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3. Date Incorporated or Qualified 04/13/1994	4. FEI Number 47-0702559	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	PENDLEY, CURTIS W
STREET ADDRESS	11819 MIAMI STREET
CITY-ST-ZIP	OMAHA NE
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HEIDA, JOHN
STREET ADDRESS	11819 MIAMI ST.
CITY-ST-ZIP	OMAHA NE
TITLE	C <input type="checkbox"/> DELETE
NAME	KORALESKI, JACK
STREET ADDRESS	1416 DODGE STREET
CITY-ST-ZIP	OMAHA NE
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	THEHUY, TRUONG
STREET ADDRESS	10435 N TANTAU AVE-LOC 200-30
CITY-ST-ZIP	CUPERTINO CA 95014
TITLE	D <input type="checkbox"/> DELETE
NAME	WRENN, JOYCE
STREET ADDRESS	1416 DODGE STREET
CITY-ST-ZIP	OMAHA NE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lynden L Tennison
1.3 STREET ADDRESS	11819 Miami Street
1.4 CITY-ST-ZIP	Omaha, NE 68164
2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William G Barr
2.3 STREET ADDRESS	1416 Dodge St
2.4 CITY-ST-ZIP	Omaha, NE 68179
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	L Merrill Bryan Jr
3.3 STREET ADDRESS	1416 Dodge St
3.4 CITY-ST-ZIP	Omaha, NE 68179
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George Gagen
4.3 STREET ADDRESS	7930 Clayton Rd
4.4 CITY-ST-ZIP	St Louis, MO 63117
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Eric Butler
5.3 STREET ADDRESS	1416 Dodge St
5.4 CITY-ST-ZIP	Omaha, NE 68179
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jack Koraleski
6.3 STREET ADDRESS	1416 Dodge St
6.4 CITY-ST-ZIP	Omaha, NE 68179

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, with all other like empowered.

SIGNATURE:  **LYNDEN TENNISON** 4/30/99 402-496-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)