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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # F9300001580 (0)

J & I MONITORING, INC.

	AREA ARTA STREET ALUT
Principal Place of Business	Mailing Address

FILED Apr 24 1997 8:00am Secretary of State



SANTA MUNIC	A UA BUNUP	SANTA MONICA	UN BURUSTES	10				
						3. Date Incorporated or Qualified 03/31/1993	3a. Date of Last F 05/01/1996	teport
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		 	oplied For
21 26						95-3920662		ot Applicable
Sulte, Apt.	#, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		Additional
22 City & Stat		City & State	· · · · · · · · · · · · · · · · · · ·					equired
23 City & Stat	e	<u>⊢</u> ¬ ′	į.			6. Election Campaign Financing		May Be to Fees
Zip	Country	28 Zip	····	Country	, 	Trust Fund Contribution 8. This corporation has liability for in		
24	25	29	30	n '			Yes No	. 199.032,
	g, Name and Address of Curre			1		10. Name and Address of New Reg		
C T	CORPORATION SYSTEM			81	Name			
	SOUTH PINE ISLAND ROAD			82	Street Add	dress (P.O. Box Number is Not Acceptable	e)	
	NTATION FL 33324			02	Direct Aut	areas (io. box indiriber is not Acceptable	o,	
,				83				
				84	City		 85 Zip	Code
							FL T	
l	to the provisions of sections 607.05 registered agent, or both, in the Statem familiar with, and accept the obli	te of Florida. Such cha gations of, Section 60	nua statutes, ingo was auth 7.0505, Florida	ine abov iorized by a Statute:	e-named cor / the corpora s.	poration submits this statement for the pa ation's board of directors. I hereby accep	irpose of changing i t the appointment as	registered
SIGNATURE	Signature, typed or printed name of registered a	igent and title if applicable	(NOTE Re	g-stered Age	ent signature requ	uired when reinstating)	DATE	
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTOR	RS IN 12
TITLE	PSCD		DELETE	1.1 THLE			☐ Change	Addition
NAME	STEIN, MITCHELL J			12 NAME				
STREET ADDRESS	2951 28TH STREET, SUITE 2	2040		1.3 STREE	ADDRESS			
CITY-ST-ZIP	SANTA MONICA CA 90405			1.4 OITY-S	31 - ZIP			
TITLE	V		DELETE	2.1 TALE			☐ Change	Addition
NAME	BERGER, SHELDON			2.2 NAME				
STREET ADDRESS	10390 SANTA MONICA BLVD)., Fourth Floor		2.3 STREET	· · ·			
CITY-ST-ZIP	LOS ANGELES CA 90025		DELCTE.	2. 4 CITY-	S1-7IP		1 000	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE		<u>[_]</u> [DELETE	3 1 TITLE			☐ Change	Addition
NAME				32 NAME				
STREET ADDRESS				3.3 STREET				
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - 4.1 TITLE	SI-ZIP		Change	Addition
NAME		L_J *	PETTL	4.1 HILE 4.2 NAME			Onange	ricontent tra
STREET ADDRESS				4. 2 NAME 4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.3 STREET	·			
TITLE	1		DELETE	5 1 THEF	2 (2		Change	Addition
NAME				5 2 NAME	ĺ			
STREET ADDRESS			1	5.3 STREET	ADDRESS			
CITY-ST-ZIP				5.4 CITY - S				
TITLE			DECETE	6.1 THEF			Change	Addition
NAME				G.2 NAME				
STREET ADDRESS			ì	6.3 STREET	ADDRESS			
CITY-ST-ZIP				6.4 CHY-5	1 - ZIP			•

14. I do hereby certify that the information supplied with this filling 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 trusted 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.