

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

FILED
Mar 27 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 # **F94000001912 (4)**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1994

4. FEI Number

47-0702559

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PENDLEY, CURTIS W	
STREET ADDRESS	11819 MIAMI STREET	
CITY-ST-ZIP	OMAHA NE	

TITLE	S	<input 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	GARGUS, ROBERT	
STREET ADDRESS	2304 ZANKER ROAD	
CITY-ST-ZIP	SAN JOSE CA	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Truong, Thehuy	
1.3 STREET ADDRESS	10435 N Tantau Ave-Loc 200-30	
1.4 CITY-ST-ZIP	Cupertino, CA 95014	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

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		
6.3 STREET ADDRESS		
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:

[Handwritten Signature] John M. Haidich 496-5610

CR2E034 (10/97)