


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

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

05-06-1999 90124 030 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> 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 <b>11819 MIAMI STREET OMAHA NE 68164</b>	Mailing Address <b>11819 MIAMI STREET OMAHA NE 68164</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>04/13/1994</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>47-0702559</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country <b>25</b>		Country <b>30</b>		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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PENDLEY, CURTIS W</b>	1.2 NAME	<b>Lynden L Tennison</b>
STREET ADDRESS	<b>11819 MIAMI STREET</b>	1.3 STREET ADDRESS	<b>11819 Miami Street</b>
CITY-ST-ZIP	<b>OMAHA NE</b>	1.4 CITY-ST-ZIP	<b>Omaha, NE 68164</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEIDA, JOHN</b>	2.2 NAME	<b>William G Barr</b>
STREET ADDRESS	<b>11819 MIAMI ST.</b>	2.3 STREET ADDRESS	<b>1416 Dodge St</b>
CITY-ST-ZIP	<b>OMAHA NE</b>	2.4 CITY-ST-ZIP	<b>Omaha, NE 68179</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>L</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KORALESKI, JACK</b>	3.2 NAME	<b>L Merrill Bryan Jr</b>
STREET ADDRESS	<b>1416 DODGE STREET</b>	3.3 STREET ADDRESS	<b>1416 Dodge St</b>
CITY-ST-ZIP	<b>OMAHA NE</b>	3.4 CITY-ST-ZIP	<b>Omaha, NE 68179</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>THEHUY, TRUONG</b>	4.2 NAME	<b>George Gagen</b>
STREET ADDRESS	<b>10435 N TANTAU AVE-LOC 200-30</b>	4.3 STREET ADDRESS	<b>7930 Clayton Rd</b>
CITY-ST-ZIP	<b>CUPERTINO CA 95014</b>	4.4 CITY-ST-ZIP	<b>St Louis, MO 63117</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WRENN, JOYCE</b>	5.2 NAME	<b>Eric Butler</b>
STREET ADDRESS	<b>1416 DODGE STREET</b>	5.3 STREET ADDRESS	<b>1416 Dodge St</b>
CITY-ST-ZIP	<b>OMAHA NE</b>	5.4 CITY-ST-ZIP	<b>Omaha, NE 68179</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Jack Koraleski</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1416 Dodge St</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Omaha, NE 68179</b>

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** 4/30/99 402-496-5600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)