


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

FILED
May 01 1998 8:00am
Secretary of State

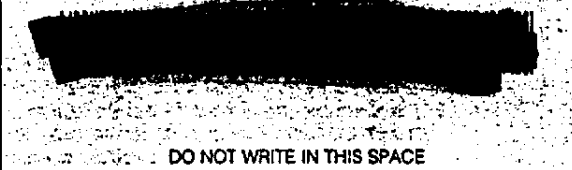
PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000082136
1. Corporation Name
ATC CENTRAL MONITORING, INC.

Principal Place of Business: 9100 So. Dadeland Blvd., Suite 909, Miami, FL 33156
Mailing Address: c/o Gail Scopinich, Esq., 17071 West Dixie Highway, North Miami Beach, FL 33160



3. Date Incorporated or Qualified: 10/26/95
4. FEI Number: 65-0633052
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: 9100 So. Dadeland Blvd., Suite 909, Miami, FL 33156
2a. Mailing Address: 17071 West Dixie Highway, c/o Gail Scopinich, Esq., North Miami Beach, FL 33160
23. City & State: Miami, FL
24. Zip: 33156
25. Country: [Blank]
26. City & State: North Miami Beach, FL 33160
27. Suite, Apt. #, etc.: Suite 909
28. Suite, Apt. #, etc.: c/o Gail Scopinich, Esq.
29. Zip: 33160
30. Country: [Blank]

9. Name and Address of Current Registered Agent: SCOPINICH, GAIL, 18301 BISCAYNE BLVD., SECOND FLOOR, NORTH MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent: 81 Name: [Blank], 82 Street Address: 17071 West Dixie Highway, 83 [Blank], 84 City: North Miami Beach, FL, 85 Zip Code: 33160

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] DATE: [Blank]

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	Scopinich, Gail	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Dir	<input type="checkbox"/> DELETE
NAME	Vento, Vincent	
STREET ADDRESS	9100 So. Dadeland Blvd., Ste 909	
CITY-ST-ZIP	Miami, FL 33160	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	9100 So. Dadeland Blvd., Ste 909	
1.4 CITY-ST-ZIP	Miami, FL 33156	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" 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	200002508472	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	-05/04/98--D1002--030	
5.4 CITY-ST-ZIP	***158.75	
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.

CR2E034 (10/97)

Handwritten initials/signature