## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # P95000074325 (8)

corporation mainte		
VICAN INTERNATIONAL	DECORTE INC	

VICON INTERNATIONAL RESORTS, INC.					
Principal Place	of Business	Mairing Address		1 (49)(49) (12 (8)) (1()) 44() 44() 44()	60111 02111 12011 61690 till 11061 6111 1691
		2424 N FEDERAL HM BOCA RATON FL 334			
				3. Date Incorporated or Qualified 09/26/1995	3a. Date of Last Report
900 N. Federal Highway, #280 #280		900 N Fede	ral Hwv	4. FEI Number 65-06-2202	Applied For Not Applicable
		#280 Boca Raton, FL 33432		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
		z. <del>i</del> p		This corporation has liability for its corporation as the second se	· ······ · · · · · · · · · · · · · · ·
24	I I	9	30		□No
	g. Name and Address of Current Re	gistered Agent		10. Name and Address of New R	Registered Agent
			81 Name		
	AN, STEPHEN M		82 Street Add	ress (P.O. Box Number is Not Acceptab	e)e)
	FEDERAL HWY SUITE 250		83	, ,	
BUCA K	ATON FL 33431				
			84 City		FL 85 Zip Code
or registere	o the provisions of Sections 607.0502 and ad agent, or both, in the State of Florida S n, and accept the obligations of, Section 6	Such change was author	ized by the corporation's boa	ration submits this statement for the pul ard of directors. I hereby accept the app	ruose of changing its registered office
SIGNATURE _					DATE
12.	Signature, typed or printed hame of registered agent and t OFFICERS AND DIII		and E. Heightbered Agent sagrature reques	ADDITIONS/CHANGES TO OFF	
TITLE	PVD	☐ DFLETE	1 1 ITILE	7,00110100101010101010101010101010101010	Change Addition
NAME	COLANGELO, VINCENT	_	1.2 NAME		
STREET ADDRESS	2424 N FEDERAL HWY SUITE 2	50	- 1.3 STREET ADORESS		
CITY - ST - ZIF	BOCA RATON FL 33431		1.4 CITY ST ZIP		
TITLE	SD	DELETE	2 1 TIFLE		Change Addition
NAME	MANCUSO, JOY		2 2 NAME		
STREET ADDRESS	2424 N FEDERAL HWY SUITE 2	50	2.3 STREET ADDRESS		
CITY - ST ZIF	BOCA RATON FL 33431		2.4 CHY+S1 - ZIP		<del></del>
TITLE	TD	DELETE	3 1 Talle		Change 🔲 Addition
NAME	TALLMAN, LYNN		3.2 NAM?		
STREET ADDRESS	2424 N FEDERAL HWY SUITE 2	50	3.3 STREET ADDRESS		
CHTY - ST - ZIP	BOCA RATON FL 33431		3.4 Cilly - St - Zir*		
TITLE		☐ DELETE	4 ' DitE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTV - ST - ZIP		DELETE	4.4 City - St - ZiP		Change Addition
TITLE		L'1 perete	5 1 TITLE		orange regulari
NAME OZOVEZ ARROSECE			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - \$T - ZIP TITLE		DELETE	5 4 CHY - ST- ZIP 6 1 THLE		☐ Change ☐ Addition
		L Section	6.2 NAME		
NAME expect annaces			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY - S' - 7:P		
CITY-ST-ZIP			04011-3-7:5	7 A	07/0// 51 11 51 1 1 1 1 1 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this appear or suppliemental angus 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 appears in Block 12 or Block 13 if changed or in a fall of the same legal effect as if made under appears in Block 12 or Block 13 if changed or in a fall of the same legal effect as if made under appears in Block 12 or Block 13 if changed or in a fall of the same legal effect as if made under appears in Block 12 or Block 13 if changed or in a fall of the same legal effect as if made under appears in Block 12 or Block 13 if changed or in a fall of the same legal effect as if made under appears in Block 12 or Block 13 if changed or in a fall of the same legal effect as if made under the same legal effect as if made under oath, that I am an officer or director of the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cayene Phone #

Care

R2E034 (12/95