

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

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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005782 (7)

1. Corporation Name

VICON FLORIDA CORP.



Principal Place of Business GEN. JAMES REED HIGHWAY P.O. BOX 600 FITZWILLIAM NH 03447	Mailing Address GEN. JAMES REED HIGHWAY P.O. BOX 600 FITZWILLIAM NH 03447-0600
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/08/1994	3a. Date of Last Report 04/04/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 02-0318363	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

DAMON, CONRAD ESQUIRE
COONEY, WARD, LESHER & DAMON, P.A.
1555 PALM BEACH LAKES BLVD SUITE 1000
WEST PALM BEACH FL 33401

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBY, STEVEN A	1.2 NAME	
STREET ADDRESS	MIDDLE WINCHENDON ROAD - 119	1.3 STREET ADDRESS	
CITY - ST - ZIP	RINDGE NH 03461	1.4 CITY - ST - ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEPPALA, ROBERT	2.2 NAME	
STREET ADDRESS	2 NORTH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	RINDGE NH 03461	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBY, MARK L	3.2 NAME	
STREET ADDRESS	2 DRAGG HILL ROAD (PO BOX 535)	3.3 STREET ADDRESS	
CITY - ST - ZIP	RINDGE NH 03461	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORBY, DAVID J	4.2 NAME	
STREET ADDRESS	97 THOMAS ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	RINDGE NH 03461	4.4 CITY - ST - ZIP	
TITLE	CC	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILIP, EMMA B	5.2 NAME	
STREET ADDRESS	12 LONG VIEW DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	PETERBOROUGH NH	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-97

Date

603 585-6577

Daytime Phone #

CR2E034 (9/96)