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FILED
Mar 18 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 # 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/08/1994	
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	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 _____ (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	C	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCHILL, GLYNDA L	5.2 NAME	
STREET ADDRESS	UPPER TROY RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FITZWILLIA 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 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: *Glynda L. Churchill* Glynda L. Churchill 3/13/98 (603) 585-6577

CP2E034 (10/97)