

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

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1997 NOV -3 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 940000 82622 1. Corporation Name VICON INTERNATIONAL COLLECTION AGENCY, INC		

Principal Place of Business 1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442	Mailing Address 1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/8/94	3a. Date of Last Report 5/1/97
4. FEI Number 65-0360770	Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent Stephen M. Goodman 1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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 _____
Signature: Typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stephen Colangelo 1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Joy Mancuso 1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	Change ☐ Addition ☐ 700002339477-1 -11/05/97-01099-034 *****61.25 *****61.25
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	ST SHARLENE HAMMETT 1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	VP CRAIG HJALMAYSON 1020 NW 6TH ST, Bldg H+I DEERFIELD BEACH, FL 33442
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stephen Colangelo 10/27/97 1-800-984-2660

CR2E034 (9/95)