

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90019 002 ***150.00

DOCUMENT # P94000082622

1. Corporation Name

VICON INTERNATIONAL COLLECTION AGENCY, INC.



Principal Place of Business

Mailing Address

~~1650 S. DIXIE HIGHWAY~~
~~3RD FLOOR~~
~~BOCA RATON FL 33432~~

~~1650 S. DIXIE HIGHWAY~~
~~3RD FLOOR~~
~~BOCA RATON FL 33432~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1994

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 160 S.W. 12th Ave.

26 160 S.W. 12th Ave

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Deerfield Beach, FL

28 Deerfield Beach, FL

24 Zip 33442 Country USA

29 Zip 33442 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATTISTA, DENISE

~~1650 S. DIXIE HIGHWAY~~
~~3RD FLOOR~~
~~BOCA RATON FL 33432~~

160 S.W. 12th Ave.
#102
Deerfield Beach,
FL 33442

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 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 PDST ☐ DELETE

NAME BATTISTA, DENISE

STREET ADDRESS ~~1650 S. DIXIE HIGHWAY 3RD FLOOR~~

CITY-ST-ZIP ~~BOCA RATON FL 33432~~

TITLE V ☒ DELETE

NAME MAYSON, CRAIG H

STREET ADDRESS ~~1650 S. DIXIE HIGHWAY 3RD FLOOR~~

CITY-ST-ZIP DEERFIELD BEACH FL 33442

TITLE VICE President ☐ DELETE

NAME GARY VANCE

STREET ADDRESS 160 S.W. 12th Ave #102

CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

3-26-99 (954) 571-1996

CR2F034 (11/98)