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FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000017500 (6)  
1. Corporation Name

VICON INTERNATIONAL MEDIA VENTURES, INC.



Principal Place of Business

Mailing Address

1020 NW 6th St, Bldg H&I  
Deerfield Beach, FL 33442

1020 NW 6th St, Bldg H&I  
Deerfield Beach, FL 33442

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified  
03/03/1995

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0564856

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

10. Name and Address of New Registered Agent

GOODMAN, STEPHEN M  
900 N. FEDERAL HWY., SUITE 460  
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 1020 NW 6th St, Bldg H&I

84 City Deerfield Beach, FL 33442

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 *Stephen M. Goodman*

Stephen M. Goodman

4/30/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME COLANGELO, STEPHEN  
STREET ADDRESS 4882 ROTHSCHILD DR  
CITY-ST-ZIP CORAL SPS FL

TITLE VP  
NAME COLANGELO, JOSEPH  
STREET ADDRESS 2424 N FL HWY  
CITY-ST-ZIP BOCA RATON FL

TITLE T  
NAME TALLMAN, LYNN  
STREET ADDRESS 4882 ROTHSCHILD DR  
CITY-ST-ZIP CORAL SPS FL

TITLE S  
NAME MANCUSO, JOY  
STREET ADDRESS 468 SE 11TH TERR  
CITY-ST-ZIP DANIA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PD  
1.2 NAME  
1.3 STREET ADDRESS 1020 NW 6th St, Bldg H&I  
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442

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 ST  
4.2 NAME  
4.3 STREET ADDRESS 1020 NW 6th St, Bldg H&I  
4.4 CITY-ST-ZIP Deerfield Beach, FL 33442

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

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: *Stephen M. Goodman*

4/30/97 1-800-994-2660

CR2E034 (9/96)