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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # | P95000018360 | (4) |
|------------|--------------|-----|
|            |              |     |

## VICON INTERNATIONAL PRODUCTION CORP.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #

| Principal Place                             | e of Business  | Mailing Address  |  |                                    | }   |                              |                              |                            |                              |
|---|--|--|--|------------------------------------|---|------------------------------|------------------------------|----------------------------|------------------------------|
| 18267 N.E. 4TH COURT<br>MIAMI FL 33179      |  | 18267 N.E. 4TH COURT<br>MIAMI FL 33179   |  |                                    |   |                              |                              |                            |                              |
|   |  |  |  |                                    | 3. Date Incorporated or<br>03/07/1995                     | Qualified                    | 3a. Date                     | of Last Re                 | port                         |
| 2. Principal Place of Business              |  |  |  |                                    | 4. FEI Number   |                              |                              | F                          | Applied For                  |
| 900 N I<br>00 N. Federal Highway, #280 #280 |  | 900 N Federal  | Federal Hwv  |                                    | 45-0545235  |                              | Not Applicable               |                            |                              |
|   |  | #280   |  | - '                                | 5. Certificate of Status E                                | Desired                      |                              |                            | Additional<br>Required       |
| oca Rat                                     | on, FL 33432   | Boca Raton, FL 33432   |  |                                    | 6. Election Campaign Fl<br>Trust Fund Contributi          | \$5.00 May Be Added to Fees  |                              |                            |                              |
|   |  | ZID  | L. Count   | у                                  | 8. This corporation has                                   |                              |                              | x under s                  | 199.032,                     |
| 4 {   | [25]   | <u>[29</u> ]   | [30]   | ,,                                 | Florida Statutes  |                              | □ No                         |                            |                              |
|   | 9. Name and Address of Current   | t Registered Agent   |  | T Name                             | 10. Name and Address                                      | OT New P                     | egistereo i                  | Agent                      |                              |
|   |  |  | 81   | ì                                  |   |                              |                              |                            |                              |
| GIBBY                                       | ', DANIEL J  |  | 82   | Street Addr                        | ldress (P.O. Box Number is Not Acceptable)                |                              |                              |                            |                              |
|   | ast Kennedy BLVD.  |  |  |                                    | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                     |                              |                              |                            |                              |
| SUITE                                       | 3700, BARNETT PLAZA  |  | 83   | <b>'</b>                           |   |                              |                              |                            |                              |
| TAMPA                                       | A FL 33602   |  | 84   | 1 City                             |   |                              | FL                           | 85 Zı                      | p Code                       |
| or registe                                  | It to the provisions of Sections 607.0502<br>ered agent, or both, in the State of Floric<br>with, and accept the obligations of, Secti   | da. Such change was authoriz<br>on CO7,0505, Florida Statutes                                  | s.   | poration's boa                     | ard of directors, Thereby acce                            | ppt the app                  | ointment as                  | registered                 | agent. Fam                   |
|   | Signature, hypother printed name of registers flagent OFFICERS AND   |  | OIL Registered Ag  | ent signaturo requira              | ed when reinstating)<br>ADDITIONS/CHANG                   | ES TO DE                     |                              | DIRECTO                    | ORS IN 12                    |
| 12.   |  | TOTAL DELETE   | 1. 1 TiTul   |                                    | ADDITIONO OF A TO   |                              |                              | Change                     | Addition                     |
| TITLE                                       | vincint adangelo   | L.J bett le  | 1,2 NAM  |                                    |   |                              | -                            |                            |                              |
| NAME .                                      | 190 - OL VERO (VI  |  |  | ET ADDRESS                         |   |                              |                              |                            |                              |
| STREET ADDRESS                              | Valltalla, ny 105  | 9.5  | 1.4 C/TY   |                                    |   |                              |                              |                            |                              |
| CITY-ST-ZIP<br>Title                        | - WP   | CIDELLIE   | 2 1 11%  |                                    |   |                              | ]                            | Change                     | Addition                     |
| NAME  | stephen college of   | ) a .  | 22 NAM   |                                    |   |                              |                              |                            |                              |
| STREET ADDRESS                              | 1882 ROTHSCHILL  | COX.   | 2.3 STRE   | ET ADDRESS                         |   |                              |                              |                            |                              |
| CITY-ST-ZIP                                 | corol sps, 71. 3:  | 3067   | 2 4 CITY   |                                    |   |                              |                              |                            |                              |
| TITLE                                       | 546  | []] DELETE   | 3 1 101  |                                    |   |                              |                              | [] Change                  | Addition                     |
| NAME  | Joy mancuso  |  | 3 2 NAM  | :                                  |   |                              |                              |                            |                              |
| STREET ADDRESS                              | 5 46 % SE 11 1 Jer   |  | 3.3. S1R   | EET ADDRESS                        |   |                              |                              |                            |                              |
| CITY-SI-ZIP                                 | DANA , \$1.330   | ०५   | 3.4 CH Y   | - ST- ZIP                          | \$ \$   |                              |                              |                            |                              |
| TITLE                                       | Treas.   | [] DELETE  | 4 1 TI (1  | E.                                 |   |                              |                              | Change                     | Add-tion                     |
| NAME  | Lynn Jullman   | Λ.   | 4.2 NAM  | E                                  |   |                              |                              |                            |                              |
| STREET ADDRESS                              | s 4882 Rithsetuld  | P4,  | 4.3 STR  | EL ADDRESS                         |   |                              |                              |                            |                              |
| CITY - ST - ZIP                             | aval SP95,41.  |  | 4.4 08 Y   | -ST-7IP                            |   |                              |                              | F7 61 .                    |                              |
| TITLE                                       |  | [] DETELE  | 5 1 1110   | F                                  |   |                              |                              | Charige                    | Addition                     |
| NAME  |  |  | 5.2 NAM  |                                    |   |                              |                              |                            |                              |
| STREEL ADDRES                               | ss   |  | 1  | EE1 ADDRESS                        |   |                              |                              |                            |                              |
| CHTY-ST- ZIP                                |  | FT) DELETE   |  | 1-\$1-2IP                          |   |                              |                              | Change                     | Addition                     |
| TITLE                                       |  | DELETE   | 6 1 1 1 1  | ĺ                                  |   |                              |                              | □ change                   | LJ AGOINGIT                  |
| NAME  |  |  | € 2 NAN  |                                    |   |                              |                              |                            |                              |
| STREET ADDRES                               | ss   |  |  | EET ADDRESS                        |   |                              |                              |                            |                              |
| CITY-ST-ZIP                                 | reby certify that the information supplied   | will this flier, is valuated to  | المالية من المالية ا | (-ST-ZIP )                         | for the exemption stated in                               | Section 11                   | 9.07 <i>(</i> 3)/k) F        | orida Stati                | utes. I further              |
| certify ti<br>oath; th                      | reby certify that the information supplied<br>that the information indicated on this ann<br>lat I am an officer or director of the corp<br>is in Block 12 or Block 13 the langed | inal report or supplemental an<br>openion or the coever or trust<br>on an etterment with a ad- | nnual report is<br>tee empowere  | true and accur<br>d to execute the | rate and that my signature shis report as required by Cha | nall have th<br>apter 607, l | e same lega<br>Florida Statu | Felfect as<br>ites; and th | if made under<br>nat my name |