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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 # P95000018360 (4)

1. Corporation Name

VICON INTERNATIONAL PRODUCTION CORP.

Principal Place of Business

900 N. FEDERAL HIGHWAY
#480
BOCA RATON FL 33432
US

Mailing Address

900 N. FEDERAL HIGHWAY
#480
BOCA RATON FL 33432-2754
US

2. Principal Place of Business

2a. Mailing Address

21 Suite
22 1020 NW 6th St, Bldg H&I
23 City Deerfield Beach, FL 33442
24 Zip
25 Country

26 Suite and # etc
27 1020 NW 6th St, Bldg H&I
28 City Deerfield Beach, FL 33442
29 Zip
30 Country

3. Date Incorporated or Qualified

03/07/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0565235

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

GOODMAN, STEPHEN M
900 N. FEDERAL HWY., SUITE 480
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	COLANGELO, VINCENT	79 EAST VIEW DR.	VAL HALLA NY	<input checked="" type="checkbox"/>
VP	COLANGELO, STEPHEN	4882 ROTHSCHILD DR.	CORAL SPRINGS FL	<input type="checkbox"/>
S	MANCUSO, JOY	468 SE 11TH TERR.	DANIA FL	<input type="checkbox"/>
T	TALLMAN, LYNN	4882 ROTHSCHILD DR.	CORAL SPRINGS FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD		1020 NW 6th St, Bldg H&I	Deerfield Beach, FL 33442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ST		1020 NW 6th St, Bldg H&I	Deerfield Beach, FL 33442	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 registered 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 attached report with an address.

SIGNATURE:

Stephen M. Goodman

4/30/97

1-800-984-2660

CR2E034 (9/96)