

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

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 # P95000034728 (2)
1. Corporation Name
VICON INTERNATIONAL COMPUTER SYSTEMS CORPORATION



| | |
|--|---|
| Principal Place of Business 800 N. FEDERAL HIGHWAY #280 BOCA RATON FL 33432 US | Mailing Address 800 N. FEDERAL HIGHWAY #280 BOCA RATON FL 33432-2753 US |
|--|---|

| | |
|---|--|
| 3. Date Incorporated or Qualified 04/28/1995 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 65-0626967 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City: 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442 | 27 City: 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442 |
| 23 Zip Country | 28 Zip Country |
| 24 25 | 29 30 |

9. Name and Address of Current Registered Agent

**GIBBY, DANIEL J
101 E KENNEDY BLVD
SUITE 3700 BARNETT PLAZA
TAMPA FL 33802**

10. Name and Address of New Registered Agent

81 Name **Stephen M. GOODMAN**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1020 NW 6th St, Bldg H&I**
84 City **Deerfield Beach, FL 33442** 85 Zip Code **FL**

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------------|--|
| 1.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | 1020 NW 6th St, Bldg H&I | |
| 2.4 CITY-ST-ZIP | Deerfield Beach, FL 33442 | |
| 3.1 TITLE | ST | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | 1020 NW 6th St, Bldg H&I | |
| 3.4 CITY-ST-ZIP | Deerfield Beach, FL 33442 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 attached page with an address.

CR2E034 (9/96)