

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

2. Principal Place of Business

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

2a. Mailing Address

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

3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0626967

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

GIBBY, DANIEL J
101 E KENNEDY BLVD
SUITE 3700 BARNETT PLAZA
TAMPA FL 33602

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

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 provisions 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
NAME COLANGELO, VINCENT
STREET ADDRESS 79 EASTVIEW DR.
CITY-ST-ZIP VAL HALLA NY

☒ DELETE

TITLE VP
NAME COLANGELO, STEPHEN
STREET ADDRESS 4882 ROTHSCHILD DR.
CITY-ST-ZIP CORAL SPRINGS FL

☐ DELETE

TITLE S
NAME MANCUSO, JOY
STREET ADDRESS 488 SE 11TH TERR
CITY-ST-ZIP DANIA FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

2.1 TITLE PD
2.2 NAME
2.3 STREET ADDRESS 1020 NW 6th St, Bldg H&I
2.4 CITY-ST-ZIP Deerfield Beach, FL 33442

☒ Change ☐ Addition

3.1 TITLE ST
3.2 NAME
3.3 STREET ADDRESS 1020 NW 6th St, Bldg H&I
3.4 CITY-ST-ZIP Deerfield Beach, FL 33442

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

4/30/97

CR2E034 (3/96)