

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000034732 (4)

1. Corporation Name

VICON INTERNATIONAL DEBT REDUCTION, INC.



Principal Place of Business

Mailing Address

2424 N FEDERAL HWY
SUITE 250
BOCA RATON FL 33431

2424 N FEDERAL HWY
SUITE 250
BOCA RATON FL 33431

900 N. Federal Highway, #280
Boca Raton, FL 33432

900 N Federal Hwy
#280
Boca Raton, FL 33432

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
04/28/1995

3a. Date of Last Report

4. FEI Number

15-0584270

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

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

81 Name

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

83

84 City

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

Signature typed or printed below signature and the date of signature

Signature typed or printed below signature and the date of signature

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1. PRES STEPHEN COLANGELO 4882 ROTHSCHILD DR COVINGTON, FL 33067

2. SECITREUS JOY MANEUSO 468 SE 11TH TERR DANIA, FL 33004

3. DIR VINCENT COLANGELO 79 EASTVIEW DR VALHALLA, NY 10595

4. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)