


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

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Murtham Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000034735 (7)</b> 1. Corporation Name <p style="text-align: center; font-weight: bold;">VICON INTERNATIONAL CREDIT BUREAU, INC.</p>		
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	
3. Date Incorporated or Qualified <b>04/28/1995</b> 3a. Date of Last Report		
4. FEI Number <b>65-059343a</b>		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		



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

900 N Federal Hwy  
#280  
Boca Raton, FL 33432

<input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 29 <input type="checkbox"/> 30	<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
GIBBY, DANIEL J 101 E KENNEDY BLVD SUITE 3700 BARNETT PLAZA TAMPA FL 33602	81	Name		
GIBBY, DANIEL J 101 E KENNEDY BLVD SUITE 3700 BARNETT PLAZA TAMPA FL 33602	82	Street Address (P.O. Box Number is Not Acceptable)		
GIBBY, DANIEL J 101 E KENNEDY BLVD SUITE 3700 BARNETT PLAZA TAMPA FL 33602	83			
GIBBY, DANIEL J 101 E KENNEDY BLVD SUITE 3700 BARNETT PLAZA TAMPA FL 33602	84	City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres: Stephen Colangelo <input type="checkbox"/> DELETE 4882 Rothschild Dr Covington, FL 33067	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE	Sec 1 Treas Joy Mancuso <input type="checkbox"/> DELETE 468 SE 11th Terr Danis, FL 33004	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE	DIR. Vincent Colangelo <input type="checkbox"/> DELETE 79 E View Dr Valhalla, NY 10595	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-STATE-ZIP		4. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-STATE-ZIP		5. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-STATE-ZIP		6. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY-STATE-ZIP		7. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR