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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000034735 (7)

VICON INTERNATIONAL CREDIT BUREAU, INC.

Principal Place of Business Mailing Address					[40 78 0 (1111 01011 11080 111		
		800 N. FEDERAL HIGHWAY. BOCA RATON FL 33432-275	00 N. FEDERAL HIGHWAY, #280 OCA RATON FL 33432-2753					
					 Date Incorporated or Qualified 04/28/1995 	3a. Date of Last F 05/01/1996	Report	
2. Principal Place of Business 2a. Mailing Address					4, FEI Number		pplied For	
21 26					65-0593432		ot Applicable	
27 1020 NW 6th St. Blde H&I 27 1020 NW 6th St.			, Bldg H	&I _	6. Certificate of Status Desired		Additional equired	
23 Deer	Decrified Beach, FL 33442				6. Election Campaign Financing Trust Fund Contribution	7	May Be to Fees	
Zip 24	Country Zip C 25 29 30		Oountry	/	This corporation has liability for its floride Statutes.	ntangible tax under s Yes 🏻 No	s 199.032,	
24;	g Name and Address of Current		50]		Florida Statutes 10. Name and Address of New Reg			
GOODMAN, STEPHEN M								
900 N. FEDERAL HWY., SUITE 460				Street	Address (P.O. Boy Number is Not Acceptable	Io)		
BOCA RATON FL 33432				Olleot /		···		
			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 again, or both, in the State of FO tida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familia at an accept the obligation. Section 607.0505, Florida Statutes.								
agent. I a	m familiation, and accopt the obligation	lights of, Section 607.0505, Flor	ida Statute	S.	Stephen M. Goodman	t the appointment as	, registered	
SIGNATURE	Signature, types or printed name of registered agen	and tille if applicable (MOTE	Bugistared An	not sinnat wa	required when reinstating)	4/30/9	7.7	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	18.	CHI BIGHALDIE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12	
TITLE	P DELETE 1.1		1.1 TITLE		PP	Change	Addition	
NAME	COLANGELO, STEPHEN		1.2 NAME			•		
STREET ADDRESS	4882 ROTHSEHILD DR.		1.3 STREET	ADDRESS	1020 NW 6th St, Bldg H&I			
CITY-ST-ZIP	CORAL SPRINGS FL 33067		1.4 CITY-5	IT-ZIP	Deerfield Beach, FL 33442			
TITLE			2.1 TITLE			Change	Addition	
NAME	MANCUSO, JOY		2.2 NAME		1020 NW 6th St, Bldg H&I			
STREET ADDRESS	468 SE 11TH TERR. DANIE FL 33004		2.3 STREET ADDRESS		Deerfield Beach, FL 33442			
CITY-ST-ZIP TITLE	DANE PL 33004	DELETE	2.4 CITY- 3.1 TITLE	S1-ZIP	Doornord Botton, 7 2 state 1.2	Change	Addition	
NAME	COLANGELO, VINCENT		3.2 NAME			1 Outrigo		
STREET ADDRESS	79 E VIEW DR.		3.3 STREET	ADDRESS				
CITY-ST-ZIP	VALHALLA NY 10595		3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY - 5	3T - ZIP				
TITLE		☐ DELE1E	5.1 TITLE			L Change	Addition	
NAME OTOTET ADDRESS			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP TITLE		DELFIE	5.4 CITY - S 6.1 TITLE	si - ZIP		Change	☐ Addition	
NAME		o,	5.7 TITLE 5.2 NAME					
STREET ADDRESS				ADDRESS				

14. Ido 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 logal 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 that attentions with an address.

FILED

May 12 1997 8:00am

Secretary of State