

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 # P95000034737 (3)

1. Corporation Name

VICON INTERNATIONAL AD AGENCY, INC.



Principal Place of Business

Mailing Address

2424 N FEDERAL HWY  
SUITE 250  
BOCA RATON FL 33431

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SUITE 250  
BOCA RATON FL 33431

3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last Report
4. FEI Number 65-0593433	Applied For 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	

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			
GIBBY, DANIEL J 101 E KENNEDY BLVD SUITE 3700 BARNETT PLAZA TAMPA FL 33602			
10. Name and Address of New Registered Agent			
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 name of registered agent and date of signature

Name of Registered Agent (signature required when not printed)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	Pres	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Colangelo	12 NAME	
STREET ADDRESS	4882 Rothchild Dr	13 STREET ADDRESS	
CITY - ST - ZIP	Coral Springs, FL 33067	14 CITY - ST - ZIP	
TITLE	Sec/Treas	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joy Mancuso	22 NAME	
STREET ADDRESS	468 SE 11th Ave	23 STREET ADDRESS	
CITY - ST - ZIP	DANIA, FL 33004	24 CITY - ST - ZIP	
TITLE	Dir.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent Colangelo	32 NAME	
STREET ADDRESS	79 East View Dr	33 STREET ADDRESS	
CITY - ST - ZIP	Valhalla, NY 10595	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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, or on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #

CR2E034 (12/95)