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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 # **P95000041839 (8)**

1. Corporation Name
VICON INTERNATIONAL MINDLINK PLANETARIUMS, INC.

Principal Place of Business	Mailing Address
900 N. FEDERAL HWY., SUITE 460 BOCA RATON FL 33432	900 N. FEDERAL HWY., SUITE 460 BOCA RATON FL 33432-2754

3. Date Incorporated or Qualified: 05/30/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21, 22, 23): 1020 NW 6th St, Bldg H&I, Deerfield Beach, FL 33442
Zip (24): Country (25):

2a. Mailing Address (26, 27, 28): 1020 NW 6th St, Bldg H&I, Deerfield Beach, FL 33442
Zip (29): Country (30):

4. FEI Number: 65-0636815 ☐ 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
GOODMAN, STEPHEN M
900 N. FEDERAL HWY., SUITE 460
BOCA RATON FL 33432

10. Name and Address of New Registered Agent
81 Name
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 obligations 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	COLANGELO, STEPHEN		1.2 NAME		
STREET ADDRESS	4882 ROTHSCHILD DR.		1.3 STREET ADDRESS	1020 NW 6th St, Bldg H&I	
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MANCUSO, JOY		2.2 NAME		
STREET ADDRESS	488 SE 14TH TERR		2.3 STREET ADDRESS	1020 NW 6th St, Bldg H&I	
CITY-ST-ZIP	DANIA FL		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COLANGELO, VINCENT		3.2 NAME		
STREET ADDRESS	79 EAST VEIW DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	VAL HALLA NY		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] 4/30/97 [illegible]