

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

FILED
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 # P95000041843 (0)
 1. Corporation Name
VICON INTERNATIONAL GENERAL SUPPLY CORP.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		05/30/1995	05/01/1996
22		27		4. FEI Number	Applied For
23		28		65-0651258	Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GOODMAN, STEPHEN 900 N. FEDERAL HWY., SUITE 460 BOCA RATON FL 33432				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442		85 Zip Code	
				FL			

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 DATE: 4/30/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PO
NAME	COLANGELO, STEPHEN	1.2 NAME	
STREET ADDRESS	4882 ROTHSCHILD DRIVE	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	S	2.1 TITLE	ST
NAME	MANCUSO, JOY	2.2 NAME	
STREET ADDRESS	468 SE 11TH TERRACE	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	3.1 TITLE	
NAME	COLANGELO, VINCENT	3.2 NAME	
STREET ADDRESS	79 EAST VIEW DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALHALLA NY	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *[Signature]* DATE: 4/30/97 1-800-994-2660

CR2E034 (9/96)