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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000041843 (0)

VICON INTERNATIONAL GENERAL SUPPLY CORP.

Principal Place of Business

Mailing Address

FILED May 12 1997 8:00am Secretary of State



		•				
900 N. FEDERAL HWY SUITE 460 BOCA RATON FL 33432		900 N. FEDERAL HWY SUITE 460 BOCA RATON FL 33432-2754				
				 Date Incorporated or Qualified 05/30/1995 	3a. Date of Last 05/01/1996	
2. Principal Place of Business 21		2a. Mailing Address		4. FEI Number		oplied For
		26		65-0651258		lot Applicable
Sc		Suite Ant # etc		5, Certificate of Status Desired	\$8.75	Additional
2 1020 N	IW 6th St, Bldg H&I	27		5. Certificate di Statos Desireo	Fee F	Required
C 1020 N	eld Beach, FL 33442	(1020 NW 6th St,		6. Election Campaign Financing	\$5.00	May Be
3		28 Deerfield Beach.		Trust Fund Contribution	Added Added	to Fees
Zip	Country	Zip	Country	8. This corporation has liability for		s. 199.032,
4 25		29 30		Florida Statutes Yes No		
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	DOMAN, STEPHEN		81 Name			
	N. FEDERAL HWY., SUITE 460		82 Street A	Address (P.O. Box Number is Not Acceptate	ble)	·····
BOC	A RATON FL 33432	•	<u> </u>	·		
			[83]	1020 NW 6th St, Bldg H&I		
			84 City	Deerfield Beach, FL 33442	—. 8 5 Zir	Code
			[]		 	
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the above-named	corporation submits this statement for the progration's board of directors. I trought appear	purpose of changing	its registered
agent. I ar	m familiar with, and accept the phiga	itions Section 607.0505, Flo	rida Statutes.	poration's board of directors. I hereby acce	prine appointment a	is registered
	Mark. III	Gardman	Ster	phen M. Goodman 4	1/20/97	
SKSMALLINE.		/ / Androw / /		person see Cookingin	1.201	
	Signature, typod of printed name of registered ager	nt and title II applicable. (NOTE	: Registered Agent signature	required when reinstating)	DATE	
12.	Signature, typad of printed name of registered ager OFFICERS AND	nt and tille II applicable. (NOTE DIRECTORS	: Registered Agent signature	required when reinstating) ADDITIONS/CHANGES TO OFFICE		
12.	OFFICERS AND	nt and title II applicable. (NOTE	: Registered Agent signature 113. 1.1 TITLE	required when reinstating)	DATE CERS AND DIRECTO Change	
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