

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059708 (4)

1. Corporation Name

VICON INTERNATIONAL ESCORTING SERVICE, INC.



Principal Place of Business

2424 N FEDERAL HWY
SUITE 250
BOCA RATON FL 33431

Mailing Address

2424 N FEDERAL HWY
SUITE 250
BOCA RATON FL 33431

3. Date Incorporated or Qualified

08/01/1995

3a. Date of Last Report

4. FEI Number

65-0604637

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

900 N. Federal Highway, #280
Boca Raton, FL 33432

900 N Federal Hwy
#280
Boca Raton, FL 33432

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, STEPHEN M
2424 N FEDERAL HWY
SUITE 250
BOCA RATON FL 33431

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

900 N. FEDERAL HWY, STE 460

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BOCA RATON

FL

85

Zip Code
33432

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 of Registered Agent or Change of Registered Agent

Signature of Registered Agent or Change of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	COLANGELO, VINCENT	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DV	☐ DELETE
NAME	COLANGELO, STEPHEN	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	S	☐ DELETE
NAME	MANCUSO, JOY	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	☐ DELETE
NAME	TALLMAN, LYNN	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
☒ Change ☐ Addition	
11 TITLE	
12 NAME	900 N. FEDERAL HWY, STE 460
13 STREET ADDRESS	BOCA RATON, FL 33432
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	900 N. FEDERAL HWY, STE 460
23 STREET ADDRESS	BOCA RATON, FL 33432
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	900 N. FEDERAL HWY, STE 460
33 STREET ADDRESS	BOCA RATON, FL 33432
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	900 N. FEDERAL HWY, STE 460
43 STREET ADDRESS	BOCA RATON, FL 33432
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	Bank deposit \$200.00
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Colangelo 4/17/96

Date

Signature Printed

05/11/96

CR2E034 (12/95)