

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 # P95000059729 (0)

1. Corporation Name

VICON INTERNATIONAL MODELING AND TALENT AGENCY,
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

65-0604442

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

Principal Place of Business

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

900 N Federal Hwy
#280

Boca Raton, FL 33432

24

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29

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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)

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 and full legal name and title of agent

(Printed Name of Agent Signature Required when Filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
COLANGELO, VINCENT
2424 N FEDERAL HWY
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DV
COLANGELO, STEPHEN
2424 N FEDERAL HWY
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DS
MANCUSO, JAY
2424 N FEDERAL HWY
BOCA RATON FL 33431

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DT
TALLMAN, LYNN
2424 N FEDERAL HWY
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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 registered agent 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 additional page with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)