

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
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DOCUMENT # P95000059729 (0)
 1. Corporation Name
VICON INTERNATIONAL CHARTERS, INC.



Principal Place of Business 2424 N FEDERAL HWY #208 BOCA RATON FL 33432 US	Mailing Address 900 N FEDERAL HWY #208 BOCA RATON FL 33432-2753 US
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3. Date Incorporated or Qualified 08/01/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0604642	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	

2. Principal Place of Business	2a. Mailing Address
21. Su' 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442	26. 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442
22. City	27. City
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**GOODMAN, STEPHEN M
 2424 N FEDERAL HWY
 SUITE 250
 BOCA RATON FL 33431**

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 Deerfield Beach, FL 33442	
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 *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

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	COLANGELO, VINCENT	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COLANGELO, STEPHEN	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MANCUSO, JAY	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	TALLMAN, LYNN	
STREET ADDRESS	2424 N FEDERAL HWY	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 omitted, or on an attachment with an address.

SIGNATURE *Stephen M. Goodman* **4/30/97** **6810-984-2660**

CR2E034 (9/96)