

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P95000065437 (2)

1. Corporation Name

VICON INTERNATIONAL LEASING CORPORATION

Principal Place of Business

900 NORTH FEDERAL HWY
SUITE 480
BOCA RATON FL 33432
US

Mailing Address

900 NORTH FEDERAL HWY
SUITE 480
BOCA RATON FL 33432-2754
US

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report
05/01/1996

4. FEI Number

65-0651244

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

2. Principal Place of Business

21
22 1020 NW 6th St, Bldg H&I
Deerfield Beach, FL 33442

23 Zip Country

24

2a. Mailing Address

26
27 1020 NW 6th St, Bldg H&I
Deerfield Beach, FL 33442

28 Zip Country

29

9. Name and Address of Current Registered Agent

GOODMAN, STEPHEN M
900 N. FEDERAL HWY., SUITE 480
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

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE P
NAME COLANGELO, VINCENT
STREET ADDRESS 79 EAST VIEW DRIVE
CITY-ST-ZIP VALHALLA NY 10595 ☒ DELETE

TITLE VP
NAME COLANGELO, STEPHEN
STREET ADDRESS 4882 ROTHSCHILD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☐ DELETE

TITLE T
NAME FALLMAN, LYNN
STREET ADDRESS 4882 ROTHSCHILD DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ DELETE

TITLE S
NAME MANCUSO, JOY
STREET ADDRESS 488 SE 11TH TERR
CITY-ST-ZIP DANIA FL 33004 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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
PD Stephen Colangelo
1020 NW 6th St, Bldg H&I
Deerfield Beach, FL 33442 ☒ Change ☐ Addition

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
ST
1020 NW 6th St, Bldg H&I
Deerfield Beach, FL 33442 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4/30/97

CR2E034 (9/96)