

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000065444 (8)

1. Corporation Name

VICON INTERNATIONAL MERCHANT SERVICES, INC.



Principal Place of Business

2424 N. FEDERAL HIGHWAY
SUITE 250
BOCA RATON FL 33431

Mailing Address

2424 N. FEDERAL HIGHWAY
SUITE 250
BOCA RATON FL 33431

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

900 N Federal Hwy
#280
Boca Raton, FL 33432

3. Date Incorporated or Qualified 08/24/1995	3a. Date of Last Report
4. FEI Number 65-0651240	Applied For 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	

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9. Name and Address of Current Registered Agent

GIBBY, DANIEL J
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

10. Name and Address of New Registered Agent

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 607.0532 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 of registered agent and date of signature

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vincent Colangelo	1.2 NAME	
STREET ADDRESS	79 East Vero Dr.	1.3 STREET ADDRESS	
CITY - ST - ZIP	Valhalla, NY 10595	1.4 CITY - ST - ZIP	
TITLE	VP	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Colangelo	2.2 NAME	
STREET ADDRESS	4882 Rothschild Dr.	2.3 STREET ADDRESS	
CITY - ST - ZIP	Coral Spgs, FL 33067	2.4 CITY - ST - ZIP	
TITLE	Sec.	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joy manuso	3.2 NAME	
STREET ADDRESS	468 SE 11th Ave.	3.3 STREET ADDRESS	
CITY - ST - ZIP	Dania, FL 33004	3.4 CITY - ST - ZIP	
TITLE	Treas.	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lynn Jellman	4.2 NAME	
STREET ADDRESS	4882 Rothschild Dr.	4.3 STREET ADDRESS	
CITY - ST - ZIP	Coral Spgs, FL 33067	4.4 CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TYPE OR PHONE #

CR2E034 (12/95)