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 # P95000066123 (7)

1. Corporation Name

VICON INTERNATIONAL CONSULTING 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

24 Zip | 25 Country | 29 | 30

3. Date Incorporated or Qualified: 08/25/1995

3a. Date of Last Report

4. FEI Number: 65-0651258 ☐ 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

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 607.0502 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 ________ DATE ________

12. OFFICERS AND DIRECTORS

Field	Entry	
TITLE	Director	☐ DELETE
NAME	Vincent Colangelo	
STREET ADDRESS	900 n. Fed. Hwy St:460	
CITY-ST-ZIP	Boca Raton, Fl. 33432	
TITLE	Pres.	☐ DELETE
NAME	Stephen Colangelo	
STREET ADDRESS	900 n. Fed Hwy St 460	
CITY-ST-ZIP	Boca Raton, Fl 33432	
TITLE	Sec/Treas.	☐ DELETE
NAME	Joy Mancuso	
STREET ADDRESS	900 n. Fed. Hwy St:460	
CITY-ST-ZIP	Boca Raton, Fl. 33432	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Field	Entry	
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	Bank deposit # 200.00	

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 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

Date: 5/1/96

CR2E034 (12/95)