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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 12 1997 8:00am
Secretary of State

DOCUMENT # P95000067638 (3)

1. Corporation Name

VICON INTERNATIONAL FINANCE CORPORATION

Principal Place of Business

800 N. FEDERAL HWY., SUITE 480
BOCA RATON FL 33432

Mailing Address

800 N. FEDERAL HWY., SUITE 480
BOCA RATON FL 33432-2754



3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

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Country

Country

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Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New 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 1020 NW 6th St, Bldg H&I

84 Deerfield Beach, FL 33442

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 obligation 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME GIBBY, DANIEL J
STREET ADDRESS 101 E. KENNEDY BLVD. SUITE 3700
CITY-ST-ZIP TAMPA FL 33602

TITLE P ☒ DELETE

NAME COLANGELO, VINCENT
STREET ADDRESS 79 EAST VIEW DR
CITY-ST-ZIP VALHAILA NY

TITLE V ☐ DELETE

NAME COLANGELO, STEPHEN
STREET ADDRESS 4882 ROTHSCHILD DR.
CITY-ST-ZIP CORAL SPGSS FL

TITLE S ☐ DELETE

NAME MANCUSO, JOY
STREET ADDRESS 468 SE 11TH TERR
CITY-ST-ZIP DANIA FL

TITLE T ☒ DELETE

NAME TALLMAN, LYNN
STREET ADDRESS 4882 ROTHSCHILD DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

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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.

CR2E034 (9/96)