

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000082244 (1)

1. Corporation Name

VICON INTERNATIONAL WASTEPAPER RECYCLING CORP.

Principal Place of Business

800 N. FEDERAL HIGHWAY, #280  
BOCA RATON FL 33432  
US

Mailing Address

800 N FEDERAL HWY  
#280  
BOCA RATON FL 33432-2753  
US

FILED  
May 12 1997 8:00am  
Secretary of State



2. Principal Place of Business

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

2a. Mailing Address

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

24 Zip 25 Country

29 Zip 30 Country

3. Date Incorporated or Qualified

10/23/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0622258

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

GOODMAN, STEPHEN M  
2424 NORTH FEDERAL HWY., STE. 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

1-800-984-2660

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D COLANGELO, STEPHEN  
2424 NORTH FEDERAL HWY., STE. 250  
BOCA RATON FL 33431

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D TALLMAN, LYNN  
2424 NORTH FEDERAL HWY., STE. 250  
BOCA RATON FL 33431

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D COLANGELO, VINCENT  
2424 NORTH FEDERAL HWY., STE. 250  
BOCA RATON FL 33431

☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ 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

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

☒ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

ST  
JOY MANCUSO  
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.

CR2E034 (9/96)