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

DOCUMENT # P96000086178 (6)

VICON INTERNATIONAL REALTY, INC.

Principal Place of Business Mailing Address 900 N. FEDERAL HIGHWAY 900 N. FEDERAL HIGH SUITE 460 SUITE 460 BOCA RATON FL 33432 BOCA RATON FL 3343					
		OOOR HATOR TE GOVERNO		3. Date incorporated or Qualified 10/17/1996	3a. Date of Last Report
2, Principal Pi	face of Business	2a. Mailing Address 26		4. FEI Number 65. 07 01 1 48	Applied For Not Applicable
Su 22 1020 NW 6th St, Bldg H&I Ch Deerfield Beach, FL 33442		27 1020 NW 6th St, Bldg H&I		6. Certificate of Status Desired	S8.75 Additional Fee Required
23		Deerfield Beach,	FL 33442	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country		Yes No
	g, Name and Address of Current	Registered Agent	. 81 Name	10. Name and Address of New Re	gistered Agent
	ODMAN, STEPHEN M				
900 N. FEDERAL HIGHWAY			82 Street A	ddress (P.O. Box Number is Not Acceptab	ole)
SUITE 460 BOCA RATON FL 33432					
800	DA MATON FL 33432		}	020 NW 6th St, Bldg H&I	
:			84 City I	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					
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, is 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 and accept the appointment as registered Stephen M. Goodman					
O LUIVA I USAS			Stephen	M. Goodman	30/97
Signature, typed's printed name of registered agent and title if approachie (NOIE. Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND	DELETE	18.	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTORS IN 12 Change
NAME	STEPACH COLANGE		1.2 NAME	7 0	VZI cultude
STREET ADDRESS	1020 NW 6th St, Bldg He		1.3 STREET ADDRESS		
CITY-ST-ZIP	Deerfield Beach, FL 334		1.4 CiTY-ST-ZIP		
TITLE	VP	DELETE	2.1 TITLE		Change Addition
NAME	GATY VANCES		2.2 NAME		
STREET ADORESS	1020 NW 6th St, Bldg H&1		2.3 STREET ADDRESS		
CITY-ST-ZIP	Deerfield Beach, FL 33442		2.4 CITY- ST-7IP		
TITLE	I'M MANCUSO'	[] DELETE	3.1 TITLE		L Change L Addition
NAME	=		3.2 NAME		
STREET ADDRESS	1020 NW 6th St, Bldg H&I		3.3 STHEFT ADDRESS		
CITY-ST-ZIP TITLE	Deerfield Beach, FL 33442	DELETE	3.4. C(1Y-S1-Z)P 4.1 TITLE		Change Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS		•	4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DEFETE	5.1 TITLE		☐ Change ☐ Addition
NAME)			5.2 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-SY-ZIP		—	5.4 CITY+ST-ZIP		
TITLE		☐ DELETE	6.1 THTLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by certify that the information supplied	with this filing does not a relify	for the exemption sta	sted in Section 119 07/3Vi). Florida Statuto	e I further certify that the
informatio I am an o appears i	on indicated on this annual report or sufficer or director of the corporation in Block 12 or Block 13 if changed, or	perferential annual report is tru he receiver or trusteo empowe or an att enme it with an addr	ie and accurate and red to execute this rees.	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same loga port as required by Chapter 607, Florida S	if effect as if made under oath; that statutes; and that my name

CIGNATURE:

4/30/17

1-800-984-2660

FILED

May 12 1997 8:00am

Secretary of State