May 11, 1999 8:00 am Secretary of State

05-11-1999 90027 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000086178

VICON INTERNATIONAL REALTY, INC.

Mailing Address Principal Place of Business 1650 S. DIXIE HIGHWAY 1650 S. DIXI**À** HIGHWAY 3RD FLOODS DO NOT WRITE IN THIS SPACE BOCA RATON AL 33432 BOCA RATON FL 33432 3. Date Incorporated or Qualifed 10/17/1996 Applied For 2a. Mailing Address W. 12-Th Ave 4. FEI Number Not Applicable 65-0701148 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution Country 8. This corporation owes the current year Intangible □No Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Naprt AUR BATTISTA, DENISE Adress (P.O. Box Number is Not Ag 82 4030 S. DIAIE MICHWAY 340 1110A BOGA RATON PL-39492 Zip Code 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. (X) Change **PDST** □ DELETE 1.1 TITLE TITLE 1.2 NAME NAME BATTISTA, DENISE JAMES PIXIE HIGHWAY 1.3 STREET ADDRESS STREET ADDRESS BOGA MISH 1233432 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 2.1 TITLE TITLE 160 JW 12Th AVE #1028 VANCE, GARY 2.2 NAME NAME 2.3 STREET ADDRESS GEETS-PIXE EIGHWAY STREET ADDRESS ACCA-RATOR FIGURES 2.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME

14. I 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, with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(11/98)CR2E034