

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000089054 (6)

1. Corporation Name

VICON INTERNATIONAL PLACEMENTS, INC.

Principal Place of Business

Mailing Address

900 N FEDERAL HWY, SUITE 460  
BOCA RATON FL 33432

900 N FEDERAL HWY, SUITE 460  
BOCA RATON FL 33432-2754

3. Date Incorporated or Qualified

10/28/1996

3a. Date of Last Report

2. Principal Place of Business

21

Suite

22

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

23

City

24

Zip

Country

25

2a. Mailing Address

26

27

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

28

Zip

Country

29

30

4. FEI Number

65-0710422

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  
900 N FEDERAL HWY, SUITE 460  
BOCA RATON FL 33432

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 obligation of, Section 607.0505, Florida Statutes.

Stephen M. Goodman

4/30/97

SIGNATURE *Stephen M. Goodman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P Stephen Colangelo**  
STREET ADDRESS 1020 NW 6th St, Bldg H&I  
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ DELETE

NAME **ST Joy Mancuso**  
STREET ADDRESS 1020 NW 6th St, Bldg H&I  
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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.

SIGNATURE

4/30/97

1-800-984-2660

CR2E034 (9/96)