


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

FILED
May 06 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 # P96000096930 1. Corporation Name: VICON INTERNATIONAL X-PRESS PLUS, Inc			
Principal Place of Business		Mailing Address	
1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442		1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442	
2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
STEPHEN M. GOODMAN 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442		81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 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: <u>Stephen M. Goodman</u> DATE: <u>4/30/97</u> NOTE: Registered Agent's signature required when reinstating.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: P 1.2 NAME: STEPHEN COLANGELO 1.3 STREET ADDRESS: 1020 NW 6th St, Bldg H&I 1.4 CITY-ST-ZIP: Deerfield Beach, FL 33442		1.1 TITLE: PD 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	
2.1 TITLE: ST 2.2 NAME: JOY MANCUSO 2.3 STREET ADDRESS: 1020 NW 6th St, Bldg H&I 2.4 CITY-ST-ZIP: Deerfield Beach, FL 33442		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:		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:		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:		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:		6.1 TITLE: 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 attached sheet with an address.			
SIGNATURE: <u>Stephen Colangelo</u>		4/30/97 1-800-984-2660 Stephen Colangelo Daytime Phone #	

CR2E034 (9/96)