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FILED

4 Sep 18 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 # P97000004755

1. Corporation Name

VICON INTERNATIONAL Mortgage Brokerage, Inc

Principal Place of Business

Mailing Address

1020 NW 6TH ST, Bldg H+I
Deerfield Beach, FL 33442

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

3a. Date of Last Report

1/13/97

4. FEI Number

Applied For

65-0740228

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

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

Signature of registered agent or new agent (if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

9/11/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME STEPHEN COLANGELO
STREET ADDRESS 1020 NW 6TH ST, Bldg H+I
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE VP
NAME GARY VANCE
STREET ADDRESS 1020 NW 6TH ST, Bldg H+I
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE ST
NAME JOY MANCUSO
STREET ADDRESS 1020 NW 6TH ST, Bldg H+I
CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE PD
12 NAME VINCENT COLANGELO
13 STREET ADDRESS 1020 NW 6TH ST, Bldg H+I
14 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ST
32 NAME SHARLENE HAMMETT
33 STREET ADDRESS 1020 NW 6TH ST, Bldg H+I
34 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/97 800-984-2660

CR2E034 (9/96)