

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90021 005 \*\*\*150.00

DOCUMENT # F07000002538

1. Entity Name

AUDIOVOX ACCESSORIES CORPORATION



Principal Place of Business

180 MARCUS BLVD  
HAUPPAUGE NY 11788

Mailing Address

180 MARCUS BLVD  
HAUPPAUGE NY 11788

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

20-8788006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HIQ CORPORATE SERVICES  
1574 VILLAGE SQUARE BLVD S-100  
TALLAHASSEE FL 32309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when submitting)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C ☐ Delete  
NAME SHALAM, JOHN J  
STREET ADDRESS 180 MARCUS BLVD  
CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VC ☐ Delete  
NAME LAVELLE, PATRICK M  
STREET ADDRESS 180 MARCUS BLVD  
CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STORHR, CHARLES M  
STREET ADDRESS 180 MARCUS BLVD  
CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE **STOEHR, CHARLES M** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME GELSE, C.DAVID  
STREET ADDRESS 180 MARCUS BLVD  
CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME SHELTON, LORIANN  
STREET ADDRESS 180 MARCUS BLVD  
CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME SHELTON, LORIANN  
STREET ADDRESS 180 MARCUS BLVD  
CITY-ST-ZIP HAUPPAUGE NY 11788

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**C. CHARLES M. STOEHR / DIRECTOR**

**1/25/08 231-7750**