PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

i. Corporatio	MENT # <b>F98000</b> ( ON INTERNATIONAL HOLDING					
Principal Place of Business Mailing Address					is which about about sirin miera front which eem	
% RECOTON CORPORATION 2950 LAKE EMMA ROAD LAKE MARY FL 32746		% RECOTON CORPORATION 2950 LAKE EMMA ROAD LAKE MARY FL 32746		, DO NOT V	VRITE IN THIS SPACE	
		•	•		3. Date Incorporated or Qualit 06/16/1998	ied
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26		36-3718240	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
22		27		5. Certifcate of Status Desired	Fee Required	
City & State		City & State		\$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country Zip			Countr	Country 8. This corporation owes the current year Intangible		
24	25	29	30		Personal Property Tax.	X Yes □ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of Ne	w Registered Agent
0.7	CORDORATION OVOTERS		8.	1 Name		
C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD			8:	2 Street A	ddress (P.O. Box Number is Not Acco	eptable)
				ASSESS OF STREET	8 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
PLA	NTATION FL 33324	•	83			[3] 阿爾特斯特斯自由斯特斯。
			84	4 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation of fice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation					FL	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	and 607.1508, Florida Statute Florida. Such change was a	es, the abor uthorized by	ve-named co y the corpor	corporation submits this statement for ration's board of directors. I hereby ac	cept the appointment as registered
agent. I a	am familiar with, and accept the obligation	ons of Section 607.0505, Flor	rida Statute	S.		the state of the s
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE:	- Panistered Ag	ant pignatura rag	quired when reinstating)	DATE
12.	OFFICERS AND		13.	an agnaturo roq	The state of the s	OFFICERS AND DIRECTORS IN 12
TITLE	PC	☐ DELETE	1,1 TITLE			☐ Change ☐ Addition
NAME	BORCHARDT, ROBERT L		1.2 NAME		*	
STREET ADDRESS	ACCO A SIZE ELMIS DOAD		1.3 STREET ADDRESS			. •
CITY-ST-ZIP	LAKE MARY FL 32746		1.4 CITY-	ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	MONT, STUART		2.2 NAME			
STREET ADDRESS	1		2.3 STREI	ET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32746	<b>X</b> . "s *	2.4 CITY-	ST-ZIP		
TITLE .	TD	DELETE	3.1 TITLE			Change Addition
NAME	MASSOT, JOSEPH H	- N <sub>k</sub> ,	3.2 NAME			
STREET ADDRESS				ET ADDRESS	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"连门"建筑建设的设施设施。
CITY-ST-ZIP "	LAKE MARY FL 32746	C perce	3.4. CITY-		<del></del>	Change Addition
TITLE	• ,	☐ DELETE	4.1 TITLE			Change / Dividing
NAME	right gly to	500 000	4. 2 NAME			
STREET ADDRESS		Articles St.		ET ADDRESS		
CITY-ST-ZIP TITLE	May 1	☐ DELETE	4.4 CITY- 5.1 TITLE	-	<del></del>	☐ Change ☐ Addition
NAME			5.2 NAME			_ onerigo
STREET ADDRESS		1		ET ADDRESS	• • •	
CITY-ST-ZIP	7.7		5.4 CITY-			
TITLE	1.76 *8.27 14.13 - 2	☐ DELETE	6.1 TITLE		•	Change Addition
AIANE	Setting of the Contract of the	<b>_</b>	62 NAME	·		_ <b>.</b> _

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

407-333-8900

FILED Feb 06, 1999 8:00 am Secretary of State

02-06-1999 90012 027 \*\*\*150.00

CRZE034 (11/98)