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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800003421 1. Corporation Name

RECOTON E	UROPEAN HOLDINGS			,				
Principal Place of B	Business	Mailing Address			·			
% RECOTON CORPO	OAD	% RECOTON CORPORATIO 2950 LAKE EMMA ROAD LAKE MARY FL 32746	N		DO NOT WRITE IN THIS SPACE			
LAKE MARY FL 3274	ю	ENTE WINTE OF THE			3. Date Incorporated or Qualifed 06/16/1998			
2. Principal Place	of Business	2a. Mailing Address	_		4. FEI Number 36-3764914			
Suite, Apt. #, etc. 22					5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution \$8. Fee			
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax.			
24	. Name and Address of Cur	. 1	, T	-	10. Name and Address of New Registered Agent			
		San Barrier Commence	81	Name				
	RPORATION SYSTEM OUTH PINE ISLAND ROAD	S & .	82	Street Ad	treet Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个			
		,	84	City	FL 85			
	tored execut or both in the St	0502 and 607.1508, Florida Statu ate of Florida. Such change was a ligations of, Section 607.0505, Flo	1441011264 01	THE COLDO	orporation submits this statement for the purpose of chang ation's board of directors. I hereby accept the appointmen			
SIGNATURE		NOTE:	Pagistered Age	nt signature red	quired when reinstating) 5. DATE			
	ature, typed or printed name of registered	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIF			
12.	OFFICERS	ALE DIVEGLOUG						

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90017 037 ***150.00



Applied For Not Applicable \$8.75 Additional

□No

Fee Required \$5.00 May Be Added to Fees

B4	PLANTATION FL 33324				「「一」という。 では、1000年で、新聞の日本語の「日本語」をは、1000年度には、10				
office of registered agent, or both, in the State of Florias Suction 607/0505, Florida Statutes. Signature Si			[-	'		FL	.		
Signature Upond or printed name of registand agent and title if applicable. Incertain PC					oration submits this statemen n's board of directors. I here	it for the purpose of by accept the appoi	changing its re ntment as regi	egistered stered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILE	SIGNATURE	Standburg, bused or printed name of registered agent and title if applicable. (NOTE: F	Registered Ager	nt signature required) when reinstating)	:	· · ·		
TILE		Signature, typod or printed filante			ADDITIONS/CHANGES	S TO OFFICERS AN			
MARE MORCHARDT, ROBERT L 12 NAME 13 STREET ADDRESS LAKE MARY FL 32746 MONT, STUART WASSOT, JOSEPH H 32 STREET ADDRESS 2950 LAKE MARY FL 32746 MONT, STUART 29 STREET ADDRESS 21 TITLE TD MASSOT, JOSEPH H 32 NAME 33 STREET ADDRESS 2950 LAKE MARY FL 32746 LAKE MARY FL 32746 14 CITY-ST-ZIP TO DELETE 31 TITLE 31 TITLE 31 TITLE 41 TITLE 42 NAME 42 NAME 42 STREET ADDRESS 2950 LAKE MARY FL 32746 LAKE MARY FL 32746 14 CITY-ST-ZIP TITLE MALE MASSOT, JOSEPH H 32 NAME 42 NAME 42 NAME 42 NAME 43 STREET ADDRESS 2950 LAKE MARY FL 32746 DELETE 41 TITLE 42 NAME 43 STREET ADDRESS 20TY-ST-ZIP TITLE MALE 42 NAME 43 STREET ADDRESS 20TY-ST-ZIP TITLE MALE 42 NAME 43 STREET ADDRESS 35 STREET A		PC. DELETE	1.1 TITLE		24 8 4 5 7		☐ Change	☐ Addition	
13 STREET ADDRESS 14 GTY-ST-ZIP		. •	1.2 NAME						
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6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		他们也是我们的。	6.2 NAME						
64 CITY-ST-ZIP			6.3 STREE	T ADDRESS					
		STATE A STATE							
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 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 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 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 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 is provided in 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 is provided in the informati	CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for	the exemp	tion stated in \$	Section 119.07(3)(i), Florida	Statutes, I further co	ertify that the in	formation	

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.

SIGNATURE: