FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 3:53

DOCUMENT # **P32865** **(8)**

1. Corporation Name
RECOTON CORPORATION

Principal Place of Business	Mailing Address
46-23 CRANE ST., LONG ISLAND CITY NY 11101	46-23 CRANE ST., LONG ISLAND CITY NY 11101

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/19/1991
3a. Date of Last Report: 08/02/1994

2. Principal Place of Business
21: 2950 Lake Emma Rd.
22: Suite, Apt. #, etc.
23: City & State: Lake Mary, FL
24: Zip: 32746
25: Country

2a. Mailing Address
26: 2950 Lake Emma Rd.
27: Suite, Apt. #, etc.
28: City & State: Lake Mary, FL
29: Zip: 32746
30: Country

4. FEI Number: 11-1771737 ☐ Applied For ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	BORCHARDT, HERBERT H.	12 NAME	
STREET ADDRESS	2950 LAKE EMMA ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	14 CITY-ST-ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	BORCHARDT, ROBERT L.	22 NAME	
STREET ADDRESS	2950 LAKE EMMA ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	24 CITY-ST-ZIP	
TITLE	EVP	31 TITLE	☐ Change ☐ Addition
NAME	WISH, PETER	32 NAME	
STREET ADDRESS	2950 LAKE EMMA ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	34 CITY-ST-ZIP	
TITLE	EVS	41 TITLE	☐ Change ☐ Addition
NAME	MONT, STUART	42 NAME	
STREET ADDRESS	46-23 CRANE ST.	43 STREET ADDRESS	
CITY-ST-ZIP	LONG ISLAND CITY NY	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	MASSOT, JOSEPH H.	52 NAME	
STREET ADDRESS	2950 LAKE EMMA ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	CALVI, GEORGE	62 NAME	
STREET ADDRESS	2950 LAKE EMMA ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Joseph H. Massot 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473821 FP