

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32865 (8)
1. Corporation Name
RECOTON CORPORATION

Principal Place of Business 2950 LAKE EMMA ROAD LAKE MARY FL 32746 US	Mailing Address 2950 LAKE EMMA ROAD LAKE MARY FL 32746 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/19/1991	
21		26		4. FEI Number 11-1771737	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORCHARDT, HERBERT H.			1.2 NAME			
STREET ADDRESS	2950 LAKE EMMA ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BORCHARDT, ROBERT L.			2.2 NAME			
STREET ADDRESS	2950 LAKE EMMA ROAD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			2.4 CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WISH, PETER			3.2 NAME			
STREET ADDRESS	2950 LAKE EMMA ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			3.4 CITY-ST-ZIP			
TITLE	EVS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONT, STUART			4.2 NAME			
STREET ADDRESS	46-23 CRANE ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LONG ISLAND CITY NY			4.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MASSOT, JOSEPH H.			5.2 NAME			
STREET ADDRESS	2950 LAKE EMMA ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CALVI, GEORGE			6.2 NAME			
STREET ADDRESS	2950 LAKE EMMA ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE MARY FL 32746			6.4 CITY-ST-ZIP			

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.

SIGNATURE:

Joseph H. Massot

WITNESSED

1/15/98

407-333-8900

CR2E034 (10/97)