

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P37708 (5)

1. Corporation Name

AUDIOVOX CORPORATION

Principal Place of Business

150 MARCUS BLVD.
HAUPPAUGE NY 11788

Mailing Address

150 MARCUS BLVD.
HAUPPAUGE NY 11788



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/02/1992		3a. Date of Last Report 02/14/1995	
21		26		4. FEI Number 13-1964841		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES INC.
801 NE 167TH STREET
NORTH MIAMI BEACH FL 33162

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 type for principal place of registered agent and state if applicable

(NOTE: Registered Agent's signature required when new filing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHALAM, JOHN J.			1.2 NAME			
STREET ADDRESS	150 MARCUS BLVD.			1.3 STREET ADDRESS			
CITY - ST - ZIP	HAUPPAUGE NY			1.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHRISTOPHER, PHILIP			2.2 NAME			
STREET ADDRESS	150 MARCUS BLVD.			2.3 STREET ADDRESS			
CITY - ST - ZIP	HAUPPAUGE NY			2.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOEHR, CHARLES M.			3.2 NAME			
STREET ADDRESS	150 MARCUS BLVD.			3.3 STREET ADDRESS			
CITY - ST - ZIP	HAUPPAUGE NY			3.4 CITY - ST - ZIP			
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, CHRIS LIS			4.2 NAME			
STREET ADDRESS	150 MARCUS BLVD.			4.3 STREET ADDRESS			
CITY - ST - ZIP	HAUPPAUGE NY			4.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NOVICK, MARTIN			5.2 NAME			
STREET ADDRESS	150 MARCUS BLVD.			5.3 STREET ADDRESS			
CITY - ST - ZIP	HAUPPAUGE NY			5.4 CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARNETT, JAMES			6.2 NAME			
STREET ADDRESS	150 MARCUS BLVD			6.3 STREET ADDRESS			
CITY - ST - ZIP	HAUPPAUGE NY			6.4 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. STOEHR V.P. 6/11/96 516 2317750

CR2E034 (3/96)