| PROFIT CORPORATION ANNUAL REPORT 1996 | | LORIDA DEPARTM Sandra B. N Secretary o DIVISION OF COR | lortham if State | | |
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| DOCUMENT # P | 37708 | (5) | | | |
| AUDIOVOX CORPORATION | ON | | | (1004155) 150 (h)() 1001) (601) 6010) h | AN BURN ANDN ANDN ANDN ANDN BURN BURN |
| Principal Place of Business | Mailing A | Address | | | |
| 150 MARCUS BLVD. 150 MARCUS BLVD. HAUPPAUGE NY 11788 HAUPPAUGE NY 11788 | | | | | |
| | | | | 3. Date Incorporated or Qualified 03/02/1992 | 3a. Date of Last Report 02/14/1995 |
| Principal Place of Business | 2a. Mailin | ig Address | | 4. FEI Number 13-1964841 | Applied For Not Applicable |
| Suite, Apt. #, etc. | | Apt. #, etc | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | 28 | State | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country 25 | y Zip 29 ess of Current Registered A | 30 | Country | 8. This corporation has liability for Florida Statutes 10. Name and Address of New Received. | Yes No |
| | | | 83 | | |
| agent I am familiar with, and acce | | | 84 City | poration submits this statement for the p ion's board of directors. Thereby accep | FL 85 Zip Code urpose of changing its registered the appointment as registered |
| agent I am familiar with, and acce GNATURE Signature type for protestrance | ept the obligations of, Section of registered agent and title if applicate | on 607.0505, Florida | 84 City The above-named corporate by the corporate Statutes | red when rematatings | PL urpose of changing its registered the appointment as registered |
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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 furnished the 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 diffector 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 the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in the corporation of the corporation 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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes I am an officer or different field of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes I am and the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes I am and the receiver or trustee empowered to execute and that my signature shall have the same legal effect as if

SIGNATURE: