


7-23-97 B-7990 C  
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Jul 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 11788-3723

3. Date Incorporated or Qualified 03/02/1992  
3a. Date of Last Report 06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Please add:

22 City & State

27 att: TAX DEPARTMENT

23 Zip Country

28 To mailing address

24 Zip Country

29 Thank You

4. FEI Number  
13-1964841

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

10. Name and Address of New Registered Agent

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

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 PD  
NAME SHALAM, JOHN J.  
STREET ADDRESS 150 MARCUS BLVD.  
CITY-ST-ZIP HAUPPAUGE NY

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME CHRISTOPHER, PHILIP  
STREET ADDRESS 150 MARCUS BLVD.  
CITY-ST-ZIP HAUPPAUGE NY

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VP  
NAME STOEHR, CHARLES M.  
STREET ADDRESS 150 MARCUS BLVD.  
CITY-ST-ZIP HAUPPAUGE NY

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S  
NAME JOHNSON, CHRIS LIS  
STREET ADDRESS 150 MARCUS BLVD.  
CITY-ST-ZIP HAUPPAUGE NY

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP  
NAME NOVICK, MARTIN  
STREET ADDRESS 150 MARCUS BLVD.  
CITY-ST-ZIP HAUPPAUGE NY

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP  
NAME BARNETT, JAMES  
STREET ADDRESS 150 MARCUS BLVD.  
CITY-ST-ZIP HAUPPAUGE NY

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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

CHARLES M. STOEHR VP 7/9/97 516 2317750

CR2E034 (9/96)