SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004949 (4)

MAG-TEK, INC.

Principal Place of Business 20725 S. ANNALEE AVE. CARSON CA 90746 Mailing Address

20725 S. ANNALEE AVE. CARSON CA 90748

FILED Sep 09 1998 8:00am Secretary of State



CARSON CA 90746		CARSON CA 90746		DO NOT WRITE IN THIS S	SPACE .	
					3. Date Incorporated or Qualified 11/02/1993	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		95-2774055	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	е	City & State	¬ '		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Z(p 29	Country 30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curre	nt Registered Agent	· · · · · · · · · · · · · · · · · · ·		10. Name and Address of New Registered A	pent
CT (CORPORATION SYSTEM		8	1 Name		
1200 S. PINE ISLAND RD.			B	82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			8		Total (10. Don 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.	
			8	4 City	FL	85 Zip Code
office or	to the provisions of sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli	e of Florida. Such change was :	authorized t	y the corporat	oration submits this statement for the purpose of ch a tion's board of directors. I hereby accept the appoint	ging its registered ment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and tile if applicable (N	OTE: Registered	Agent signature rec	quired when reinstaling) DATE	<u> </u>
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	CP	DELETE	1.1 TITLE			Change Addition
NAME	MCGEARY, TOM		1.2 NAME			
STREET ADDRESS	20725 S. ANNALEE AVE.		1.3 STRE	ET ADORESS		
CITY-ST-ZIP	CARSON CA 90746		1.4 CITY-	ST-ZIP		
TITLE	VC	[_] DELETE	2.1 TITLE			Change Addition
NAME	STRUETT, LOU		2.2 NAME			
STREET ADDRESS	20725 S. ANNALEE AVE.		23 STRE	ET ADDRESS		
CITY-ST-ZIP	CARSON CA 90746		2.4 CITY-			
TITLE	VP DANIE	[] DELETE	3.1 TITLE	i	L	_ Change _ Addition
NAME	JENSEN, DANIEL		3.2 NAME		•	
STREET ADDRESS	207 25 S. ANNALEE AVE. CAR S ON CA 90746		1	T ADDRESS		
CITY-ST-ZIP	CARSON CA 80746		3.4 CITY-			
TITLE	·	L∫ DEL€TE	4.1 TITLE		L	_ Change Addition
NAME STREET ADDRESS			4.2 NAME 4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME		C. John C.	5.2 NAME		L-1	J Change E. J Addition
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CITY-			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME		_	#
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY-ST-ZIP			6.4 CITY-	1		Ì

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the composition or the rejetivity of fusites empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or Exampled, or on a shall-technical with an address.

MATURE STANDARD REQUIR

8/31/98 (310)-1669-6389

32E034 (5/98)