

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H79875** (1)

1. Corporation Name

MAGNUM IGNITION PRODUCTS, INC.

Principal Place of Business

Mailing Address

4350 PETERS ROAD
PLANTATION FL 33317-4542
US

4350 PETERS ROAD
PLANTATION FL 33317-4542
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/08/1985** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2671537

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POPKIN, EDWARD D.
2400 GLADES RD STE 114
BOCA RATON FL 33431

81 Name **MEISLER SMITH P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
10211 W. SAMPLE RD. #212

83

84 City **COBAL SPRINGS**

FL

85 ^{Zip Code} **33065**

11. Pursuant to the provisions of Section 607.050 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 a registered agent under Section 607.0505, Florida Statutes.

SIGNATURE

[Signature] **MICHAEL C. MEISLER**

4/25/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	WISE, ARTHUR
STREET ADDRESS	4350 PETERS ROAD
CITY ST ZIP	PLANTATION FL
TITLE	T
NAME	WISE, MARION
STREET ADDRESS	4350 PETERS ROAD
CITY ST ZIP	PLANTATION FL
TITLE	V
NAME	REITER, BONNIE
STREET ADDRESS	4350 PETERS ROAD
CITY ST ZIP	PLANTATION FL
TITLE	SD
NAME	REITER, SCOTT
STREET ADDRESS	4350 PETERS ROAD
CITY ST ZIP	PLANTATION FL
TITLE	VD
NAME	GRUSKIN, MARC
STREET ADDRESS	4350 PETERS ROAD
CITY ST ZIP	PLANTATION FL
TITLE	V
NAME	GRUSKIN, JOAN
STREET ADDRESS	4350 PETERS ROAD
CITY ST ZIP	PLANTATION FL

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 change is shown on an appointment with an address.

SIGNATURE:

[Signature] **ARTHUR WISE**

4/26/95

304-581-8128