

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90277 001 ***150.00

DOCUMENT # **H79875**

1. Corporation Name

MAGNUM IGNITION PRODUCTS, INC.

Principal Place of Business

4359 PETERS ROAD
PLANTATION FL 33317-4542
US

Mailing Address

4359 PETERS ROAD
PLANTATION FL 33317-4542
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1985

4. FEI Number

59-2671537

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 owes the current year
Intangible Personal Property.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

MEISLER, SMITH PA
10211 W SAMPLE RD 212
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

MARC GRUSKIN

82 Street Address (P.O. Box Number is Not Acceptable)

4359 PETERS RD

83

84 City

PLANTATION FL

FL

85 Zip Code

33317

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)

7/6/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD WISE, ARTHUR**
STREET ADDRESS **4359 PETERS ROAD**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME **WISE, MARION**
STREET ADDRESS **4359 PETERS ROAD**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME **V REITER, BONNIE**
STREET ADDRESS **4359 PETERS ROAD**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME **SD REITER, SCOTT**
STREET ADDRESS **4359 PETERS ROAD**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME **VD GRUSKIN, MARC**
STREET ADDRESS **4359 PETERS ROAD**
CITY-ST-ZIP **PLANTATION FL**

TITLE ☐ DELETE
NAME **V GRUSKIN, JOAN**
STREET ADDRESS **4359 PETERS ROAD**
CITY-ST-ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/6/99

954-581-8158

CR2034 (5/99)