

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

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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 MARE GRUSKIN  
82 Street Address (P.O. Box Number is Not Acceptable) 4359 PETERS RD  
83  
84 City PLANTATION 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] 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		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	WISE, ARTHUR	
STREET ADDRESS	4359 PETERS ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	T	<input type="checkbox"/>
NAME	WISE, MARION	
STREET ADDRESS	4359 PETERS ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/>
NAME	REITER, BONNIE	
STREET ADDRESS	4359 PETERS ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	SD	<input type="checkbox"/>
NAME	REITER, SCOTT	
STREET ADDRESS	4359 PETERS ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input type="checkbox"/>
NAME	GRUSKIN, MARC	
STREET ADDRESS	4359 PETERS ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input type="checkbox"/>
NAME	GRUSKIN, JOAN	
STREET ADDRESS	4359 PETERS ROAD	
CITY-ST-ZIP	PLANTATION FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99 954-581-8158 Date Daytime Phone #

CR2E034 (5/99)