

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 20 1996 8:00 am
Secretary of State

3-20-96 B-2479-c (9)

DOCUMENT # 448232

1. Corporation Name

APPROVED PERFORMANCE TOOLING, INC.



Principal Place of Business: 8405 N.W. 66TH ST MIAMI FL 33166-2630 US
Mailing Address: 8405 N.W. 66TH ST MIAMI FL 33166-2630 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date incorporated or Qualified: 04/23/1974
3a. Date of Last Report: 03/15/1995
4. FEI Number: 38-2041980
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: ASH, HYMAN 8405 N.W. 66TH ST MIAMI FL 33166

10. Name and Address of New Registered Agent: 81 Name: MICHAEL I. REIS
82 Street Address: 8405 NW 66 STREET
83
84 City: MIAMI FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: [Signature] MICHAEL I. REIS 1/30/96

12. OFFICERS AND DIRECTORS

TITLE	PD	ASH, HYMAN	7373 S.W. 115 COURT MIAMI FL
TITLE	STD	FIELD, PETER	9493 NW 49 DORAL LANE MIAMI FL
TITLE	VD	KANDARIAN, RICHARD	1863 LARCHWOOD TROY MI
TITLE			
TITLE			
TITLE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT AND DIRECTOR	Change	Addition
12 NAME	HYMAN I. ASH		
13 STREET ADDRESS	144 BUBBY HOLE		
14 CITY-STATE-ZIP	CHRISTIANSTED, ST-CROIX, VI 00820		
21 TITLE	SECRETARY/DIRECTOR/DIRECTOR	Change	Addition
22 NAME	PETER FIELD		
23 STREET ADDRESS	144 BUBBY HOLE APT-2		
24 CITY-STATE-ZIP	CHRISTIANSTED, ST-CROIX, VI 00820		
31 TITLE	VICE PRESIDENT/DIRECTOR	Change	Addition
32 NAME	RICHARD KANDARIAN		
33 STREET ADDRESS	144 BUBBY HOLE APT-1		
34 CITY-STATE-ZIP	CHRISTIANSTED, ST-CROIX, VI 00820		
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-STATE-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-STATE-ZIP			
61 TITLE		Change	Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-STATE-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)(k), 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] 1/30/96 (800) 772-5511

CR2E034 (12/95)