

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Apr 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 448232 (9)
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		2a. Mailing Address		3. Date Incorporated or Qualified 04/23/1974	3a. Date of Last Report 03/20/1996
21	22	23	24	4. FEI Number 38-2041980	Applied For Not Applicable
21 Suffix, Apt. #, etc.		26 Suffix, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country		29 Country		30	

9. Name and Address of Current Registered Agent REIS, MICHAEL I 8405 NW 66TH ST MIAMI FL 33166				10. Name and Address of New Registered Agent	
81 Name				85 Zip Code	
82 Street Address (P.O. Box Number is Not Acceptable)				FL	
83				84 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, HYMAN I.	1.2 NAME	
STREET ADDRESS	144 BUGBY HOLE	1.3 STREET ADDRESS	40 ATS, BLDG. 4-C, VI INDUSTRIAL PARK
CITY-ST-ZIP	CHRISTIANSTED VA	1.4 CITY-ST-ZIP	KINGSHILL, ST. CROIX, VI 00850
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, PETER	2.2 NAME	
STREET ADDRESS	144 BUGBY HOLE APT 2	2.3 STREET ADDRESS	40 ATS, BLDG. 4-C, VI INDUSTRIAL PARK
CITY-ST-ZIP	CHRISTIANSTED VA	2.4 CITY-ST-ZIP	KINGSHILL, ST. CROIX, VI 00850
TITLE	VPD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANDARIAN, RICHARD	3.2 NAME	
STREET ADDRESS	144 BUGBY HOLE APT 2	3.3 STREET ADDRESS	40 ATS, BLDG. 4-C, VI INDUSTRIAL PARK
CITY-ST-ZIP	CHRISTIANSTED VA	3.4 CITY-ST-ZIP	KINGSHILL, ST. CROIX, VI 00850
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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]* DATE: **4/10/97** DAYTIME PHONE #: **(800) 772-5511**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HYMAN I. ASH, REB51034**

CR2E034 (9/96)