

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
 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

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: **04/23/1974**

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, City & State, Zip, and Country.

4. FEI Number: **38-2041980**
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 (81-85)
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

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's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, HYMAN	1.2 NAME	ASH, HYMAN
STREET ADDRESS	C/O ATS. BLDG. 4-C, VI INDUSTRIAL PARK	1.3 STREET ADDRESS	C/O ATS. BLDG. 4-C, VI INDUSTRIAL PARK
CITY-ST-ZIP	KINGSHILL ST	1.4 CITY-ST-ZIP	KINGSHILL, ST. CROIX, VI 00850
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, PETER	2.2 NAME	FIELD, PETER
STREET ADDRESS	C/O ATS, BLDG. 4-C, VI INDUSTRIAL PARK	2.3 STREET ADDRESS	C/O ATS, BLDG. 4-C, VI INDUSTRIAL PARK
CITY-ST-ZIP	KINGSHILL ST	2.4 CITY-ST-ZIP	KINGSHILL, ST. CROIX, VI 00850
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANDARIAN, RICHARD	3.2 NAME	KANDARIAN, RICHARD
STREET ADDRESS	C/O ATS, BLDG. 4-C VI INDUSTRIAL PARK	3.3 STREET ADDRESS	C/O ATS, BLDG. 4-C, VI INDUSTRIAL PARK
CITY-ST-ZIP	KINGSHILL ST	3.4 CITY-ST-ZIP	KINGSHILL, ST. CROIX, VI 00850
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: _____ DATE: 1/2/98 (340) 772-5511

CR2E034 (10/97)