

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

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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
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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
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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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 38-2041980		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

REIS, MICHAEL I  
8405 NW 66TH ST  
MIAMI FL 33166

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
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

Signature typed or printed name of registered agent and title if applicable

(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 T	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0225162

CR2E034 (9/96)