

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G05818
1. Corporation Name

MACH PERFORMANCE, INC.

800001838108
-05/24/96--01027--028
***200.00

Principal Place of Business Mailing Address
Mach Performance, Inc. Mach Performance, Inc.
4709 Crump Rd P.O. BOX 7
Lake Hamilton FL 33851 Lake Hamilton FL 33851

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 10/25/82 3a. Date of Last Report 3/31/95 4. FEI Number 59-2233309 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Gary Garbrecht
11 Skidmore Rd
Winter Haven FL 33884

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:

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE President NAME Gary Garbrecht STREET ADDRESS 11 Skidmore Rd. CITY-STATE-ZIP Winter Haven FL 33884 [] DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP [] Change [] Addition
TITLE Sec/Treas. NAME Marcia Kay Garbrecht STREET ADDRESS Winter Haven FL 33884 CITY-STATE-ZIP [] DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP [] Change [] Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP [] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP [] Change [] Addition

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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/96

941-439-5540

Date

Daytime Phone #

CP2E034 (12/95)