

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93495 (2)
1. Corporation Name
PERFORMANCE DIESEL SERVICE, INC.



Principal Place of Business % ROBERT G UDELL ESO 3079 SE MONROE STREET STUART FL 34997	Mailing Address % ROBERT G UDELL ESO 3079 SE MONROE STREET STUART FL 34997
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1982	3a. Date of Last Report 02/13/1995
21. Suite, Apt # etc	26. Suite, Apt # etc.	4. FEI Number 59-2256479		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	29. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent UDELL, ROBERT G ESO. 1331 E. OCEAN BLVD. STUART FL 34996	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 or director (Block 12) (Block 13) (Block 14) (Block 15) (Block 16) (Block 17) (Block 18) (Block 19) (Block 20) (Block 21) (Block 22) (Block 23) (Block 24) (Block 25) (Block 26) (Block 27) (Block 28) (Block 29) (Block 30) (Block 31) (Block 32) (Block 33) (Block 34) (Block 35) (Block 36) (Block 37) (Block 38) (Block 39) (Block 40) (Block 41) (Block 42) (Block 43) (Block 44) (Block 45) (Block 46) (Block 47) (Block 48) (Block 49) (Block 50) (Block 51) (Block 52) (Block 53) (Block 54) (Block 55) (Block 56) (Block 57) (Block 58) (Block 59) (Block 60) (Block 61) (Block 62) (Block 63) (Block 64) (Block 65) (Block 66) (Block 67) (Block 68) (Block 69) (Block 70) (Block 71) (Block 72) (Block 73) (Block 74) (Block 75) (Block 76) (Block 77) (Block 78) (Block 79) (Block 80) (Block 81) (Block 82) (Block 83) (Block 84) (Block 85) (Block 86) (Block 87) (Block 88) (Block 89) (Block 90) (Block 91) (Block 92) (Block 93) (Block 94) (Block 95) (Block 96) (Block 97) (Block 98) (Block 99) (Block 100)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	
NAME	GIVENS, DILLARD	12 NAME	
STREET ADDRESS	4985 S.W. SAVAGE AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	14 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	21 TITLE	
TITLE		22 NAME	
NAME		23 STREET ADDRESS	
STREET ADDRESS		24 CITY-ST-ZIP	
CITY-ST-ZIP		31 TITLE	
	<input type="checkbox"/> DELETE	32 NAME	
TITLE		33 STREET ADDRESS	
NAME		34 CITY-ST-ZIP	
STREET ADDRESS		41 TITLE	
CITY-ST-ZIP		42 NAME	
	<input type="checkbox"/> DELETE	43 STREET ADDRESS	
TITLE		44 CITY-ST-ZIP	
NAME		51 TITLE	
STREET ADDRESS		52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dillard B. Givens* 7/24/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)