


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

**FILED**  
**Feb 06, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-06-1999 90015 001 \*\*\*150.00

DOCUMENT # **F96000003623**

1. Corporation Name  
**MICHIGAN LECO CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3000 LAKEVIEW AVE. ST. JOSEPH MI 49085 US

Mailing Address: 3000 LAKEVIEW AVE. ST. JOSEPH MI. 49085

3. Date Incorporated or Qualified: **07/18/1996**

4. FEI Number: **38-0738518**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

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)

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETED
NAME	WARREN, ROBERT J	
STREET ADDRESS	3000 LAKEVIEW AVE.	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE	EV	DELETED
NAME	WARREN, ELIZABETH S	
STREET ADDRESS	3000 LAKEVIEW AVE.	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE	VS	DELETED
NAME	DELONG, ROBERT S	
STREET ADDRESS	3000 LAKEVIEW AVE.	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE	T	DELETED
NAME	WARREN, ELIZABETH S	
STREET ADDRESS	3000 LAKEVIEW AVE.	
CITY-ST-ZIP	ST. JOSEPH MI 49085	
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETED
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change	Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
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, with all other like empowered.

SIGNATURE: **ROBERT S. DELONG** 1/11/99 (616) 992-2222

CR2E034 (1/98)