

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

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Apr 10 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 # 824032 (7)
1. Corporation Name
THE LESLIE METAL ARTS CO., INC.

Principal Place of Business 3225 32ND STREET SOUTHEAST GRAND RAPIDS MICHIGAN 49508	Mailing Address 3225 32ND STREET SOUTHEAST GRAND RAPIDS MICHIGAN 49512-1870
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3. Date Incorporated or Qualified 01/28/1970	3a. Date of Last Report 05/01/1996
4. FEI Number 38-1270780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

BECKMEYER, KARL
88539 OVERSEAS HWY
TAVERNIER FL 33070

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: Type 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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TASSELL, DONALD E	1.2 NAME	EGGE BEEN, THOMAS
STREET ADDRESS	191 GREENBRIER SE	1.3 STREET ADDRESS	2054 FAUNWOOD DR.
CITY - ST - ZIP	GRAND RAPIDS MI	1.4 CITY - ST - ZIP	GRAND RAPIDS, MI 49508
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOTTRALL, DAVID C	2.2 NAME	MARVIN, CHARLES
STREET ADDRESS	9985 100TH ST	2.3 STREET ADDRESS	2396 OAK HOLLOW
CITY - ST - ZIP	ALTO MI	2.4 CITY - ST - ZIP	JENISON, MI 49428
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLEWINSKI, DAVID L	3.2 NAME	RAY, KURT
STREET ADDRESS	235 CARPENTER NW	3.3 STREET ADDRESS	6566 E. CARRILAN
CITY - ST - ZIP	GRAND RAPIDS MI	3.4 CITY - ST - ZIP	NEWAYGO, MI 49337
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTHOLOMY, DONALD H	4.2 NAME	WISNER, THOMAS
STREET ADDRESS	6596 KUTTSILL DR	4.3 STREET ADDRESS	3489 WIGGLE
CITY - ST - ZIP	ROCKFORD MI	4.4 CITY - ST - ZIP	ADA, MI 49301
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	DIR D, CHAIRMAN C. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUIZENGA, DONALD B	5.2 NAME	TASSELL, LESLIE E.
STREET ADDRESS	1851 MORNINGSIDE SE	5.3 STREET ADDRESS	3225 32ND ST.
CITY - ST - ZIP	GRAND RAPIDS MI	5.4 CITY - ST - ZIP	GRAND RAPIDS, MI 49512
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	KOMMER, RONALD	6.2 NAME	
STREET ADDRESS	6867 BROOKWOOD DR	6.3 STREET ADDRESS	
CITY - ST - ZIP	GRANDVILLE MI	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:

DAVID C. BOTTRALL
DAVID C. BOTTRALL

3-25-97

Date

618-949-1250

Daytime Phone #

CR2E034 (9/96)