

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

FILED

**May 11 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 49508
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/28/1970	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		City & State	
Zip		Country		Zip	
27		28		29	
Suite, Apt. #, etc.		City & State		City & State	
Zip		Country		Zip	
30		31		32	
Country		Country		Country	
33		34		35	
Country		Country		Country	

4. FEI Number 38-1270780	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	TASSELL, DONALD E	
STREET ADDRESS	191 GREENBRIER SE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOTTRALL, DAVID C	
STREET ADDRESS	9985 100TH ST	
CITY-ST-ZIP	ALTO MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OLEWINSKI, DAVID L	
STREET ADDRESS	235 CARPENTER NW	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTHOLOMY, DONALD H	
STREET ADDRESS	6598 KUTTSHILL DR	
CITY-ST-ZIP	ROCKFORD MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUIZENGA, DONALD B	
STREET ADDRESS	1851 MORNINGSIDE SE	
CITY-ST-ZIP	GRAND RAPIDS MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KOMMER, RONALD	
STREET ADDRESS	6667 BROOKWOOD DR	
CITY-ST-ZIP	GRANDVILLE MI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EGGEBEEN THOMAS	
1.3 STREET ADDRESS	2054 FAWNWOOD	
1.4 CITY-ST-ZIP	GRAND RAPIDS MI 49508	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARVIN, CHARLES	
2.3 STREET ADDRESS	2396 OAK HOLLOW	
2.4 CITY-ST-ZIP	JENISON, MI 49428	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAY, KURT	
3.3 STREET ADDRESS	6566 E. CARRIGAN	
3.4 CITY-ST-ZIP	NEWAYGO, MI 49337	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WISNER, THOMAS	
4.3 STREET ADDRESS	3489 QUIGGLE	
4.4 CITY-ST-ZIP	ADA, MI 49301	
5.1 TITLE	D, Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TASSELL, LESLIE	
5.3 STREET ADDRESS	3225 32ND. ST.	
5.4 CITY-ST-ZIP	GRAND RAPIDS, MI 49512	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: David C. Bottrall 4/28/98 (16) 949-1250

CR2E034 (10/97)