

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

0550079

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90065 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # 824032
 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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/28/1970
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 38-1270780
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	8596 KUTTSILL 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 FAWN WOOD	
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	WISHER, 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, L.E.	
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, with all other like empowered.

SIGNATURE: David C. Bottrall Secretary Date: 4-30-99 Daytime Phone #: 616-949-1250

CR2E034 (1/198)