SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 AUG -4 PM 3: 09 1998 DOCUMENT # F97000005826 (9) SECRETARY OF STATE TALLAHASSEE. FLORIDA A.R.T. FINANCIAL SERVICES, INC. Mailing Address Principal Place of Business 513 E. 8TH ST. SUITE 15 513 E. BTH ST. SUITE 15 HOLLAND MI 49423 HOLLAND MI 49423 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 38-3253310 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name )TEERMAN, DAN 600 KENWICK CIRCLE 82 (P.O. Box Number Street ' Cassel**be**rry fl 32707 83 84 City 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 Stgnature, typed or project name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE CR2E034 (5/98) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE TEERMAN, AL NAME 1.2 NAME 21 E. 33RD STREET STREET ADDRESS 1.3 STREET ADDRESS -08/06/98--01005--002 HOLLAND MI 49423 CITY-ST-ZIP 1.4 CITY-ST-ZIP \*\*\*\*150.00 \*\*\*\*150.00.00 TITLE 2 1 TITLE DELETE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-Z#P 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE . I Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 qualification, 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



July 6, 1998

Florida Department of State P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom This May Concern:

Please find enclosed our 1998 Profit Corporation Annual Report packet. Although the form states this to be our second notice, we never received the first notice that should have been mailed earlier this year.

Please accept the filing fee of \$150.00 that is enclosed. Waiving the late penalty would be appreciated, as we were unaware that we were late.

If your office has any questions or concerns regarding this matter, please contact myself at 616-395-1199.

Thank you for your time and cooperation.

Sincerely,

Al Teerman President

enclosures cc:AT