

2500

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

FILED  
Apr 21 1998 8:00am  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**

DOCUMENT # **G10519** (8)  
1. Corporation Name  
**CECO CHEMICAL MFG., CO.**



Principal Place of Business Mailing Address  
**C/O BILL MATHEWS**  
**2990 N W 73RD ST**  
**MIAMI FL 33147**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified  
**11/05/1982**  
4. FEI Number **59-2248250** Applied For  
Not Applicable  
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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MATHEWS, BILL**  
**2990 NW 73RD STREET**  
**MIAMI FL**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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  DELETE  
NAME **PO MATHEWS, BILL**  
STREET ADDRESS **1280 MATHEWS STREET**  
CITY-ST-ZIP **NAPLES FL**  
TITLE  DELETE  
NAME **STD MATHEWS, CATHERINE**  
STREET ADDRESS **1280 MATHEWS STREET**  
CITY-ST-ZIP **NAPLES FL**  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME **DIRECTOR**  
1.3 STREET ADDRESS **MATHEWS, BILL**  
1.4 CITY-ST-ZIP **1280 MATHEWS STREET**  
**NAPLES, FL. 34117**  
2.1 TITLE  Change  Addition  
2.2 NAME **DIRECTOR**  
2.3 STREET ADDRESS **MATHEWS, CATHERINE**  
2.4 CITY-ST-ZIP **1280 MATHEWS STREET**  
**NAPLES, FL. 34117**  
3.1 TITLE  Change  Addition  
3.2 NAME **PRESIDENT**  
3.3 STREET ADDRESS **ROBERT DOMBROWSKY**  
3.4 CITY-ST-ZIP **2421 SW 87th Avenue**  
**Miramar, Fl. 33025**  
4.1 TITLE  Change  Addition  
4.2 NAME **VICE-PRESIDENT**  
4.3 STREET ADDRESS **Steve Mathews**  
4.4 CITY-ST-ZIP **19343 SW 5th Street**  
**Bonbrook Pines, Fl. 33029**  
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

SIGNATURE: \_\_\_\_\_

P-12-98

CR2E034 (10/97)