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FILED

**Apr 08 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # F94000006152 (2)
1. Corporation Name
CECO CONCRETE CONSTRUCTION CORP.



Principal Place of Business: **2900 BROOKTREE LANE
GLADSTONE MO 64119**
Mailing Address: **2900 BROOKTREE LANE
GLADSTONE MO 64119-1873**

3. Date Incorporated or Qualified: **12/01/1994** 3a. Date of Last Report: **04/15/1996**
4. FEI Number: **36-3988887** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State: Apt #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 PINE ISLAND RD
PLANTATION FL 33324**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | VPT | <input type="checkbox"/> DELETE |
| NAME | GEORGE WEISS | |
| STREET ADDRESS | 1420 HAZEL AVE | |
| CITY- ST- ZIP | DEERFIELD IL | |
| TITLE | ASD | <input type="checkbox"/> DELETE |
| NAME | MEADOWS, S.H. | |
| STREET ADDRESS | 227 W. MONROE ST | |
| CITY- ST- ZIP | CHICAGO IL 60606 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GIES, L.W. | |
| STREET ADDRESS | 4225 NAPERVILLE RD | |
| CITY- ST- ZIP | LISLE IL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, D. | |
| STREET ADDRESS | 4225 NAPERVILLE RD | |
| CITY- ST- ZIP | LISLE IL 60532 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | CISCK, DONALD J. | |
| STREET ADDRESS | 5701 COVEVIEW COURT | |
| CITY- ST- ZIP | PARKVILLE MO | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SCHUSTER, RONALD W. | |
| STREET ADDRESS | 2321 UNIVERSITY COURT | |
| CITY- ST- ZIP | NAPERVILLE IL | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY- ST- ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY- ST- ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY- ST- ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY- ST- ZIP | |
| 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 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: _____ (Signature of George Weiss)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **George Weiss** DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)