

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90023 024 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000034258

1. Corporation Name
ECLIPSE AUTO SALES INC.

Principal Place of Business
 2828 MICHIGAN AVE.
 SUITE 102
 KISSIMMEE FL 34744

Mailing Address
 2828 MICHIGAN AVE.
 SUITE 102
 KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/26/1995

4. FEI Number
59-3322091 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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **305 W. BASS ST**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **305 W. BASS ST**
 Suite, Apt. #, etc.

23 **Kissimmee FL**
 City & State

24 **34741** 25 Country
 Zip

27 **Kissimmee FL**
 City & State

28 **34741** 29 Country
 Zip

30

9. Name and Address of Current Registered Agent
CADET, GREGORY
 2828 MICHIGAN AVE., SUITE 102
 KISSIMMEE FL 34744

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONDE, FRANTZ R	1.2 NAME	
STREET ADDRESS	657 WESCHLER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	1.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADET, GREGORY	2.2 NAME	
STREET ADDRESS	717 WESCHLER CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	2.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTIN, JOHN JR	3.2 NAME	
STREET ADDRESS	715 S GOLDENROD RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32825	3.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANIGAT, EMMANUEL	4.2 NAME	
STREET ADDRESS	12319 S. OBT STE 237	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32824	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: EMMANUEL MANIGAT Date: 3-22-99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)