

FILE NOW: FILING FEE AF R MAY 1 IS \$550.00

FILED
May 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27429 (0)

1. Corporation Name
ECLIPSE BLIND SYSTEMS, INC.

Principal Place of Business 10125 NW 116TH WAY STE 1 MEDLEY FL 33178	Mailing Address 10125 NW 116TH WAY STE 1 MEDLEY FL 33178
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1989	3a. Date of Last Report 04/30/1997
21	Suite, Apt. #, etc.	26	7154 State Route 88	4. FEI Number 65-0172265	Applied For Not Applicable
22	City & State	27	P. O. Box 848	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Ravenna, Ohio	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	44266	30	USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WATON, JAMES W. 10125 NW 116TH WAY STE 1 MEDLEY FL 33178		81 Name	WATSON
		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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD WATSON, JAMES	1.2 NAME	
STREET ADDRESS	10125 NW 116TH WAY, SUITE 1	1.3 STREET ADDRESS	7154 STATE ROUTE 88
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	RAVENNA, OH 44266
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT MACDONALD, WILLIAM	2.2 NAME	
STREET ADDRESS	INCHINN BUS PARK	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCOTLAND	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	000002543520
STREET ADDRESS		5.3 STREET ADDRESS	-06/02/98--01019--026
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
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 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. 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 _____

CR2024 10/05

Handwritten initials/signature