

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 16, 1999 8:00 am**  
**Secretary of State**

07-16-1999 90017 017 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P92000011315

1. Corporation Name  
 ECLIPSE INVESTIGATIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 7040 W PALMETTO PARK BLVD  
 STE 2411  
 BOCA RATON FL 33443  
 US

Mailing Address  
 7040 W PALMETTO PARK RD  
 STE 2411  
 BOCA RATON FL 33433  
 US

3. Date Incorporated or Qualified  
 12/14/1992

4. FEI Number  
 65-0372914

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.  Yes  No

2. Principal Place of Business

21 7300 W Camino Real  
 Suite, Apt. #, etc.

22 Suite 103  
 City & State

23 Boca Raton, FL  
 Zip Country

24 33433 25 USA

2a. Mailing Address

26  
 Suite, Apt. #, etc.

27  
 City & State

28  
 Zip Country

29 30

9. Name and Address of Current Registered Agent

GOLDBERG, BARRY M  
 7040 W PALMETTO PARK RD  
 STE 2411  
 BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDBERG, BARRY M	
STREET ADDRESS	7040 W PALMETTO PARK RD STE 2411	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: \_\_\_\_\_ Date: July 7, 1999 Daytime Phone #: 561-393-6131

0074617

CR2E034 (5/99)

590011-90017-17

P42000011315



## Eclipse Investigations, Inc.

7040 West Palmetto Park Rd.  
Suite 2-411 / Boca Raton, FL 33433 / U.S.A.

Phone: 561-393-6131  
Fax: 561-393-6797

Toll Free: 800-847-3664  
EMail: BGoldPI@ix.netcom.com  
[www.thechamber.com/eclipse.htm](http://www.thechamber.com/eclipse.htm)

July 8, 1999

Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

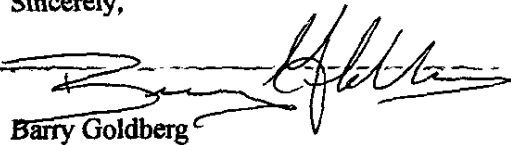
**To Whom This May Concern:**

A check in the amount of \$150.00 made payable to the Department of State was sent out significantly prior to May 1, 1999. Obviously you did not receive it which leads me to believe that it was lost in the mail. Since this has never happened to me before, I obviously assumed you received it.

Please accept my check for \$150.00 and waive any penalty that may be assessed. Also, please accept my sincere apologies for your inconvenience. From now on I will send my payments certified to insure this will never happen again.

Thank you for your understanding.

Sincerely,



Barry Goldberg