

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

FILED

Jun 22 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 # P97000023417 (3)

1. Corporation Name
ECLIPSE COLLECTION, INC.

Principal Place of Business 4000 HOLLYWOOD BLVD. PRESIDENTIAL CIRCLE, STE. 485 CO. HOLLYWOOD FL 33021	Mailing Address 4000 HOLLYWOOD BLVD. PRESIDENTIAL CIRCLE, STE. 485 CO. HOLLYWOOD FL 33021
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3500 Fairlane Farms Road Suite, Apt. #, etc. 22 Suite 2 City & State 23 Wellington FL Zip 24 33414 Country 25 U.S.		2a. Mailing Address 26 3500 Fairlane Farms Rd. Suite, Apt. #, etc. 27 Suite 2 City & State 28 Wellington FL Zip 29 33414 Country 30 U.S.		3. Date Incorporated or Qualified 03/10/1997	4. FEL Number 65-0741701	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent COHEN, MARK D 4000 HOLLYWOOD BLVD. PRESIDENTIAL CIRCLE, STE. 485 CO. HOLLYWOOD FL 33021				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			
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11. Pursuant to the provisions of Sections 607.002 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 _____ DATE 2/4/98
(Signature type is of registered agent and title is applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHEN, MARK D			1.2 NAME			
STREET ADDRESS	4000 HOLLYWOOD BLVD. #485 SO.			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33021			1.4 CITY-ST-ZIP			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Joseph J. Chioffe			2.2 NAME			
STREET ADDRESS	2710 Neaton Court			2.3 STREET ADDRESS			
CITY-ST-ZIP	Wellington, FL 33414			2.4 CITY-ST-ZIP			
TITLE	Florence Chioffe	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Secretary Treasurer			3.2 NAME			
STREET ADDRESS	2710 Neaton Court			3.3 STREET ADDRESS			
CITY-ST-ZIP	Wellington FL 33414			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			
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.

SIGNATURE: _____

CR2E034 (10/97)