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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000004502

1. Corporation Name

MARICOPA ECLIPSE CORPORATION

Principal Place of Business

10621 AIRPORT-PULLING RD., STE. #3
NAPLES FL 34109

Mailing Address

10621 AIRPORT-PULLING RD., STE. #3
NAPLES FL 34109

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5150 Tamiami Tr. N.		26 5150 Tamiami Tr. N.		01/14/1998	
22 Suite, Apt. #, etc. #700		27 Suite, Apt. #, etc. #700		4. FEI Number 59-3496923	
23 City & State Naples, FL		28 City & State Naples, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 34119		29 Zip 34119		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country US		30 Country US		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOBLEY, DAVID M SR
10621 AIRPORT-PULLING RD., STE. #3
NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name **Leo Salvatori % Quarles & Brady**
 82 Street Address (P.O. Box Number is Not Acceptable) **4501 N. Tamiami Tr. #300**
 83 **Naples**
 84 City **Naples** FL 85 Zip Code **34103**

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		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	MOBLEY, DAVID M SR	1.2 NAME	CEO
STREET ADDRESS	10621 AIRPORT-PULLING RD., STE. #3	1.3 STREET ADDRESS	5150 N. Tamiami Tr. #700
CITY-ST-ZIP	NAPLES FL 34109	1.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mobley	2.2 NAME	Mobley, Gwen T.S
STREET ADDRESS		2.3 STREET ADDRESS	5150 N. Tamiami Tr. #700
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Mobley, William P
STREET ADDRESS		3.3 STREET ADDRESS	5150 N. Tamiami Tr. #700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Naples, FL 34103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mobley, David, Jr. VP
STREET ADDRESS		4.3 STREET ADDRESS	5150 N. Tamiami Tr. #700
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Naples, FL 34103
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gwen Mobley Sec 1/29/99

(941) 643-7002

CR2E034 (1/98)