

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12 1996 8:00 am
Secretary of State

DOCUMENT # K25207 (7)

1. Corporation Name
FPL ENERGY SERVICES, INC.



Principal Place of Business: **9250 W. FLAGLER STREET
% DENNIS P. COYLE
MIAMI FL 33174
US**

Mailing Address: **700 UNIVERSE BLVD.
ATTN: DENNIS P. COYLE
JUNO BEACH FL 33408
US**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **06/01/1988** 3a. Date of Last Report: **04/10/1995**

4. FEI Number: **65-0064000** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J E
9250 WEST FLAGLER ST.
MIAMI FL 33174**

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: _____ (Signature, typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent's signature is required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEWART, ROBERT E, JR	
STREET ADDRESS	9250 WEST FLAGLER ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, GEORGE E.	
STREET ADDRESS	9250 WEST FLAGLER ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YACKIRA, MICHAEL W	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY - ST - ZIP	JUNO BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAMIL, DILEK L	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY - ST - ZIP	JUNO BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COYLE, DENNIS P	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY - ST - ZIP	JUNO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EVANSON, PAUL J	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY - ST - ZIP	JUNO BCH FL	

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CARAGHIAUR, GEORGE	
1.3 STREET ADDRESS	9250 W. FLAGLER ST.	
1.4 CITY - ST - ZIP	MIAMI, FL 33174	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAMILTON, WILLIAM W.	
2.3 STREET ADDRESS	9250 W. FLAGLER ST.	
2.4 CITY - ST - ZIP	MIAMI, FL 33174	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ **Dennis P. Coyle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/96 (407) 694-4644
Date Daytime Phone #

CR2E034 (12/95)