

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

**FILED**  
**Mar 21 1997 8:00 am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # K25207 (7)**  
 1. Corporation Name  
**FPL ENERGY SERVICES, INC.**



Principal Place of business: **8250 W. FLAGLER STREET % DENNIS P. COYLE MIAMI FL 33174 US**  
 Mailing Address: **700 UNIVERSE BLVD. ATTN: DENNIS P. COYLE JUNO BEACH FL 33408-2657 US**

3. Date Incorporated or Qualified: **06/01/1988**      3a. Date of Last Report: **03/12/1996**  
 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

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

9. Name and Address of Current Registered Agent: **LEON, J E 9250 WEST FLAGLER ST. MIAMI FL 33174**  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: <b>DP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: <b>STEWART, ROBERT E. JR</b>		1.2 NAME: <b>LASETER, LARRY J.</b>	
STREET ADDRESS: <b>9250 WEST FLAGLER ST.</b>		1.3 STREET ADDRESS: <b>700 UNIVERSE BOULEVARD</b>	
CITY-STATE-ZIP: <b>MIAMI FL</b>		1.4 CITY-STATE-ZIP: <b>JUNO BEACH, FL 33408</b>	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>HAMILTON, WILLIAM W.</b>		2.2 NAME:	
STREET ADDRESS: <b>9250 W FLAGLER SYTEEY</b>		2.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>MIAMI FL</b>		2.4 CITY-STATE-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>YACKIRA, MICHAEL W</b>		3.2 NAME:	
STREET ADDRESS: <b>700 UNIVERSE BLVD</b>		3.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>JUNO BCH FL</b>		3.4 CITY-STATE-ZIP:	
TITLE: <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>SAMIL, DILEK L</b>		4.2 NAME:	
STREET ADDRESS: <b>700 UNIVERSE BLVD</b>		4.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>JUNO BEACH FL</b>		4.4 CITY-STATE-ZIP:	
TITLE: <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>COYLE, DENNIS P</b>		5.2 NAME:	
STREET ADDRESS: <b>700 UNIVERSE BLVD</b>		5.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>JUNO BCH FL</b>		5.4 CITY-STATE-ZIP:	
TITLE: <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>EVANSON, PAUL J</b>		6.2 NAME:	
STREET ADDRESS: <b>700 UNIVERSE BLVD</b>		6.3 STREET ADDRESS:	
CITY-STATE-ZIP: <b>JUNO BCH FL</b>		6.4 CITY-STATE-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; 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**      03/06/97      (561) 694-4644  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
 0301247

CR2E034 (9/96)