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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # L89454

1. Corporation Name
ESI JONESBORO, INC.

Principal Place of Business
**700 UNIVERSE BLVD.
 JUNO BEACH FL 33408**

Mailing Address
**ATTN: FRANCES M. CARPENTER
 700 UNIVERSE BLVD.
 JUNO BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1990

4. FEI Number
65-0208754

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 Tax. Yes No **As Attached**

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

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

9. Name and Address of Current Registered Agent
**LEON, J E
 9250 W. 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME GELBER, LESLIE J STREET ADDRESS 11760 US HWY ONE 600 CITY-ST-ZIP N. PALM BEACH FL 33408	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D/P 1.2 NAME Yackira, Michael W. 1.3 STREET ADDRESS 700 Universe Blvd. 1.4 CITY-ST-ZIP Juno Beach FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME BOYLAN, PETER STREET ADDRESS 11760 US HWY ONE 600 CITY-ST-ZIP N PALM BEACH FL 33408	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V 2.2 NAME Bonilla, Lori J. 2.3 STREET ADDRESS 700 Universe Blvd. 2.4 CITY-ST-ZIP Juno Beach FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME BONILLA, LORI J STREET ADDRESS 11760 US HWY ONE 600 CITY-ST-ZIP N PALM BEACH FL 33408	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D/V 3.2 NAME Hoffman, Kenneth P. 3.3 STREET ADDRESS 700 Universe Blvd. 3.4 CITY-ST-ZIP Juno Beach FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DV NAME HOFFMAN, KENNETH P STREET ADDRESS 11760 US HWY ONE 600 CITY-ST-ZIP N. PALM BEACH FL 33408	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D/T 4.2 NAME Boylan, Peter D. 4.3 STREET ADDRESS 700 Universe Blvd. 4.4 CITY-ST-ZIP Juno Beach FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME CARPENTER, FRANCES M STREET ADDRESS 11760 US HWY ONE 600 CITY-ST-ZIP N PALM BEACH FL 33408	<input checked="" type="checkbox"/> DELETE	5.1 TITLE S 5.2 NAME Carpenter, Frances M. 5.3 STREET ADDRESS 700 Universe Blvd. 5.4 CITY-ST-ZIP Juno Beach FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AS NAME HATHAWAY, SCOT C. STREET ADDRESS 11760 U. S. HWY ONE STE 600 CITY-ST-ZIP NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> DELETE	6.1 TITLE AS 6.2 NAME Hathaway, Scot C. 6.3 STREET ADDRESS 700 Universe Blvd. 6.4 CITY-ST-ZIP Juno Beach FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Frances M. Carpenter* **Frances M. Carpenter** 3/2/99 561-691-7171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034.(11/98)

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ADDENDUM TO 1999 FLORIDA ANNUAL REPORT

ESI JONESBORO, INC.
Document # L89454

SECTION 8

Intangible tax is paid by parent company FPL GROUP, INC., FEI #59-2449419

SECTION 13

TITLE: AS
NAME: Ponder, Stephen H.
STREET ADDRESS: 700 Universe Blvd
Juno Beach FL 33408

TITLE: AS
NAME: Tancer, Edward F.
STREET ADDRESS: 700 Universe Blvd
Juno Beach FL 33408
