

**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

DOCUMENT # **M61920** (8)

1. Corporation Name  
**FPL ENERGYSYS, INC.**



Principal Place of Business: **C/O J. E. LEON, 9250 W. FLAGLER STREET, MIAMI FL 33174, US**  
Mailing Address: **700 UNIVERSE BLVD. ATTN: COYLE, DENNIS. P. JUNO BEACH FL 33408, US**

3. Date Incorporated or Qualified <b>11/03/1987</b>	3a. Date of Last Report <b>04/10/1995</b>
4. FEI Number <b>65-0020596</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country	25 Country	29 Country	30 Country
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9. Name and Address of Current Registered Agent <b>LEON, J E 9250 W. FLAGLER STREET MIAMI FL 33174</b>				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 transferring) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEWART, ROBERT E. J</b>	12 NAME	
STREET ADDRESS	<b>9250 W FLAGLER ST</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YACKIRA, MICHAEL W</b>	22 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>JUNO BCH FL</b>	24 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANSON, PAUL J</b>	32 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>JUNO BCH FL</b>	34 CITY - ST - ZIP	
TITLE	<b>TAS</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMIL, DILEK L</b>	42 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>JUNO BEACH FL</b>	44 CITY - ST - 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>	52 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>JUNO BCH FL</b>	54 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SULLIVAN, GEORGE E</b>	62 NAME	
STREET ADDRESS	<b>9250 W FLAGLER ST</b>	63 STREET ADDRESS	<b>HAMILTON, WILLIAM W.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>	64 CITY - ST - ZIP	<b>9250 W. FLAGLER ST</b>
			<b>MIAMI, FL 33174</b>

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** 3/01/96 (407) 694-4644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)