

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

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90002 020 ***150.00

0026766

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M61920

1. Corporation Name
FPL ENERSYS, 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1987

4. FEI Number
65-0020596 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **700 Universe Boulevard**

Suite, Apt. #, etc.
 22 **Attn: Dennis P. Coyle**

City & State
 23 **Juno Beach, FL**

Zip Country
 24 **33408** 25 **USA**

2a. Mailing Address

26 **700 Universe Blvd.**

Suite, Apt. #, etc.
 27 **Attn: Dennis P. Coyle**

City & State
 28 **Juno Beach, FL**

Zip Country
 29 **33408** 30 **USA**

9. Name and Address of Current Registered Agent

LEON, J E
9250 W. FLAGLER STREET
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASETER, LARRY J	1.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACKIRA, MICHAEL W	2.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANSON, PAUL J	3.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	3.4 CITY-ST-ZIP	
TITLE	TAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIL, DILEK L	4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, DENNIS P	5.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, WILLIAM W.	6.2 NAME	
STREET ADDRESS	9250 W FLAGLER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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

Dennis P. Coyle 02/05/99

Date

(561) 694-4644

Daytime Phone #

CR2E034 (1/198)