

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000010025 (2)

1. Corporation Name

ESI OPERATING SERVICES, INC.

Principal Place of Business

1400 CENTREPARK BLVD.
SUITE 600
WEST PALM BEACH FL 33401

Mailing Address

1400 CENTREPARK BLVD.
SUITE 600
WEST PALM BEACH FL 33401

FILED
95 MAY -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1994

3a. Date of Last Report

4. FEI Number
65-0471798

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 **See Attached**

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

LEON, JOAQUIN 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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE

(Type or print name of person whose signature appears on this statement.)

(Type or print name of registered agent, secretary, or authorized officer.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | TANCER, EDWARD F |
| STREET ADDRESS | 11770 U.S. HIGHWAY 1 |
| CITY, ST, ZIP | NORTH PALM BEACH FL 33408 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

| | | |
|--------------------|-------------------------------|------------------------------------------------------------------------------|
| 1. TITLE | DELETE TANCER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | | |
| 3. STREET ADDRESS | | |
| 4. CITY, ST, ZIP | | |
| 21. TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME | HOFFMAN, KENNETH P | |
| 23. STREET ADDRESS | 1400 CENTREPARK BLVD, STE 600 | |
| 24. CITY, ST, ZIP | W PALM BEACH FL | |
| 31. TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 32. NAME | BONILLA, LORI J | |
| 33. STREET ADDRESS | 1400 CENTREPARK BLVD, STE 600 | |
| 34. CITY, ST, ZIP | W PALM BEACH FL | |
| 41. TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42. NAME | GELBER, LESLIE J | |
| 43. STREET ADDRESS | 1400 CENTREPARK BLVD, STE 600 | |
| 44. CITY, ST, ZIP | W PALM BEACH FL | |
| 51. TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52. NAME | FRIES, WILLIAM A | |
| 53. STREET ADDRESS | 1400 CENTREPARK BLVD, STE 600 | |
| 54. CITY, ST, ZIP | W PALM BEACH FL | |
| 61. TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62. NAME | MCGRATH, ROBERT L | |
| 63. STREET ADDRESS | 1400 CENTREPARK BLVD, STE 600 | |
| 64. CITY, ST, ZIP | W PALM BEACH FL | |

14. I hereby certify that the information supplied with this filing is accurately stated and 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. This statement is a part of the corporation's annual report as required by Chapter 607, Florida Statutes, and that my name appears on the back of each page of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Frances M. Carpenter* FRANCES M. CARPENTER
SECRETARY

3/28/95

407-687-4900

PA4-10025

ESI OPERATING SERVICES, INC.

DOCUMENT # P94000010025 (2)

Attachment

13. Additions/Changes to Officers and Directors in 12

S

CARPENTER, FRANCES M

Addition

ATTACHMENT TO 1995 CORPORATION ANNUAL REPORT - FLORIDA

INTANGIBLE TAX IS PAID BY PARENT COMPANY, FPL GROUP, INC., FEI #59-2449419.