

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAY -1 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010164 (9)

1. Corporation Name

ESI VIRGINIA POWER SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**1400 CENTREPARK BLVD.
SUITE 600
WEST PALM BEACH FL 33401** **1400 CENTREPARK BLVD.
SUITE 600
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified 3a. Date of Last Report
02/07/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0471761		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No See attached	
23		28		24		25	
Zip		Country		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEON, JOAQUIN E 9250 WEST FLAGLER ST. MIAMI FL 33174				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____
Signature, typed or printed name of registered agent and title if applicable DATE Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANCER, EDWARD F	1.2 NAME	GELBER, LESLIE J
STREET ADDRESS	11770 U.S. HIGHWAY 1	1.3 STREET ADDRESS	1400 CENTREPARK BLVD #600
CITY, ST, ZIP	NORTH PALM BEACH FL 33408	1.4 CITY, ST, ZIP	W PALM BCH FL
TITLE		2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	HOFFMAN, KENNETH P
STREET ADDRESS		2.3 STREET ADDRESS	1400 CENTREPARK BLVD #600
CITY, ST, ZIP		2.4 CITY, ST, ZIP	W PALM BCH FL
TITLE		3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BONILLA, LORI J
STREET ADDRESS		3.3 STREET ADDRESS	1400 CENTREPARK BLVD #600
CITY, ST, ZIP		3.4 CITY, ST, ZIP	W PALM BCH FL
TITLE		4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MC GRATH, ROBERT L
STREET ADDRESS		4.3 STREET ADDRESS	1400 CENTREPARK BLVD #600
CITY, ST, ZIP		4.4 CITY, ST, ZIP	W PALM BCH FL
TITLE		5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	FRIES, WILLIAM A
STREET ADDRESS		5.3 STREET ADDRESS	1400 CENTREPARK BLVD #600
CITY, ST, ZIP		5.4 CITY, ST, ZIP	W PALM BCH FL
TITLE		6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CARPENTER, FRANCES M
STREET ADDRESS		6.3 STREET ADDRESS	1400 CENTREPARK BLVD #600
CITY, ST, ZIP		6.4 CITY, ST, ZIP	W PALM BCH FL

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(6)(b), 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: *Frances M. Carpenter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Frances M. Carpenter, Secretary

4/15/95 (407) 687-4900