

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 # P94000010164 (9)

1. Corporation Name

ESI VIRGINIA POWER 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**

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 **11760 US Highway One**

22 **Suite 600**

23 **North Palm Beach, FL**

24 **33408**

25 **US**

2a. Mailing Address

26 **11760 US Highway One**

27 **Suite 600**

28 **North Palm Beach, FL**

29 **33408**

30 **US**

4. FEI Number
65-0471761

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**

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

**500001784595
-04/17/96--01093---035**

84 City

*****200.00**

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 607.0605, Florida Statutes.

SIGNATURE

Signatures, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GELBER, LESLIE J	
STREET ADDRESS	1400 CENTREPARK BLVD 600	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BONILLA, LORI J	
STREET ADDRESS	1400 CENTREPARK BLVD 600	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M	
STREET ADDRESS	1400 CENTREPARK BLVD 600	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH P	
STREET ADDRESS	1400 CENTREPARK BLVD #600	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT L	
STREET ADDRESS	1400 CENTREPARK BLVD #600	
CITY - ST - ZIP	W PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FRIES, WILLIAM A	
STREET ADDRESS	1400 CENTREPARK BLVD #600	
CITY - ST - ZIP	W PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	11760 US HWY ONE, #600	
1.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRIES, WILLIAM A	
2.3 STREET ADDRESS	11760 US HWY ONE, #600	
2.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	11760 US HWY ONE, #600	
3.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
4.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	11760 US HWY ONE, #600	
4.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	11760 US HWY ONE, #600	
5.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *Frances M. Carpenter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/1/96** (701) 691-3500
Daytime Phone: _____

CR2E034 (12/95)

4-16-96