

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055352 (4)

1. Corporation Name
FPL TERMOCANDELARIA, INC.



Principal Place of Business 11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408	Mailing Address 11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3029
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3. Date Incorporated or Qualified 06/27/1996	3a. Date of Last Report
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0684354	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

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, J E
9250 WEST FLAGLER STREET
MIAMI FL 33174**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 of 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Asst/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TANCER, EDWARD F		1.2 NAME	
STREET ADDRESS 11760 U.S. HIGHWAY ONE		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME LEIGHTON, MICHAEL L	
STREET ADDRESS		2.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		2.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME WERNEBURG, KENNETH R	
STREET ADDRESS		3.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		3.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME MC GRATH, ROBERT L	
STREET ADDRESS		4.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		4.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME CARPENTER, FRANCES M	
STREET ADDRESS		5.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		5.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Frances M. Carpenter* **Frances M. Carpenter** **4/7/97** **561-691-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)