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**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90157 013 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000088980**

1. Corporation Name  
**ESI DLP-LP HOLDINGS, INC.**



Principal Place of Business 700 UNIVERSE BLVD. JUNO BEACH FL 33408	Mailing Address ATTN: FRANCES M. CARPENTER 700 UNIVERSE BLVD. JUNO BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/28/1996</b>	
21	22	26	27	4. FEI Number <b>65-0707491</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	24	28	29	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>See Attached</b>	
Zip		Country		Zip	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEON, J.E.</b> 9250 WEST FLAGLER STREET MIAMI FL 33174				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ 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	AS	<input type="checkbox"/> DELETE		1.1 TITLE	<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	<b>700 UNIVERSE BLVD</b>		
CITY-ST-ZIP	NORTH PALM BEACH FL			1.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>		
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOFFMAN, KENNETH P			2.2 NAME			
STREET ADDRESS	11760 US HWY ONE, STE 600			2.3 STREET ADDRESS	<b>700 UNIVERSE BLVD</b>		
CITY-ST-ZIP	N PALM BEACH FL			2.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>		
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GELBER, LESLIE J			3.2 NAME	<b>YACKIRA, MICHAEL W</b>		
STREET ADDRESS	11760 US HWY ONE, STE 600			3.3 STREET ADDRESS	<b>700 UNIVERSE BLVD</b>		
CITY-ST-ZIP	N PALM BEACH FL			3.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33409</b>		
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYLAN, PETER			4.2 NAME			
STREET ADDRESS	11760 U. S. HWY ONE STE 600			4.3 STREET ADDRESS	<b>700 UNIVERSE BLVD</b>		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			4.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>		
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CARPENTER, FRANCES M			5.2 NAME			
STREET ADDRESS	11760 US HWY ONE, STE 600			5.3 STREET ADDRESS	<b>700 UNIVERSE BLVD</b>		
CITY-ST-ZIP	N PALM BEACH FL			5.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>		
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HATHAWAY, SCOT C.			6.2 NAME			
STREET ADDRESS	11760 U. S. HWY ONE STE 600			6.3 STREET ADDRESS	<b>700 UNIVERSE BLVD</b>		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408			6.4 CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>		

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: *Frances M. Carpenter* **Frances M. Carpenter** 2/19/99 (561) 6917171  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

P96000088980  
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**ADDENDUM TO 1999 FLORIDA ANNUAL REPORT  
SECTION 13**

**ESI DLP-LP HOLDINGS, INC. DOCUMENT #P96000088980**

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<b>TITLE:</b>	AS
<b>NAME:</b>	PONDER, STEPHEN H
<b>STREET ADDRESS:</b>	700 UNIVERSE BLVD JUNO BEACH FL 33408

**SECTION 8**

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

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