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**Mar 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000089884 (6)

1. Corporation Name
FPL ENERGY SERVICES II, INC.



Principal Place of Business
**9250 WEST FLAGLER STREET
MIAMI FL 33174**

Mailing Address
**9250 WEST FLAGLER STREET
MIAMI FL 33174-3414**

3. Date Incorporated or Qualified 10/30/1996	3a. Date of Last Report
4. FEI Number 65-0716600	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 700 UNIVERSE BOULEVARD Suite, Apt. #, etc.
22. City & State	27. ATTN: DENNIS P. COYLE City & State
23. Zip	28. JUNO BEACH, FL Zip
24. Country	29. 33408 30. USA Country

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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	D <input checked="" type="checkbox"/> DELETE	13.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 NAME	TANCER, EDWARD F	13.2 NAME	LASETER, LARRY J.
12.3 STREET ADDRESS	11770 US HWY ONE	13.3 STREET ADDRESS	700 UNIVERSE BOULEVARD
12.4 CITY-STATE-ZIP	NORTH PALM BEACH FL 33408	13.4 CITY-STATE-ZIP	JUNO BEACH, FL 33408
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.6 NAME		13.6 NAME	EVANSON, PAUL J.
12.7 STREET ADDRESS		13.7 STREET ADDRESS	700 UNIVERSE BOULEVARD
12.8 CITY-STATE-ZIP		13.8 CITY-STATE-ZIP	JUNO BEACH, FL 33408
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.10 NAME		13.10 NAME	HAMILTON, WILLIAM W.
12.11 STREET ADDRESS		13.11 STREET ADDRESS	9250 WEST FLAGLER STREET
12.12 CITY-STATE-ZIP		13.12 CITY-STATE-ZIP	MIAMI, FL 33102
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.14 NAME		13.14 NAME	YACKIRA, MICHAEL W.
12.15 STREET ADDRESS		13.15 STREET ADDRESS	700 UNIVERSE BOULEVARD
12.16 CITY-STATE-ZIP		13.16 CITY-STATE-ZIP	JUNO BEACH, FL 33408
12.17 TITLE	<input type="checkbox"/> DELETE	13.17 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.18 NAME		13.18 NAME	SAMIL, DILEK L.
12.19 STREET ADDRESS		13.19 STREET ADDRESS	700 UNIVERSE BOULEVARD
12.20 CITY-STATE-ZIP		13.20 CITY-STATE-ZIP	JUNO BEACH, FL 33408
12.21 TITLE	<input type="checkbox"/> DELETE	13.21 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.22 NAME		13.22 NAME	COYLE, DENNIS P.
12.23 STREET ADDRESS		13.23 STREET ADDRESS	700 UNIVERSE BOULEVARD
12.24 CITY-STATE-ZIP		13.24 CITY-STATE-ZIP	JUNO BEACH, FL 33408

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 contained in 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: _____ **Dennis P. Coyle** **03/06/97** **(561) 694-4644**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)