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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000089884

1. Corporation Name
FPL ENERGY SERVICES II, INC.



Principal Place of Business 9250 WEST FLAGLER STREET MIAMI FL 33174	Mailing Address 700 UNIVERSE BLVD ATTN:DENNIS P COYLE JUNO BEACH FL 33408 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 700 Universe Boulevard Suite, Apt. #, etc.	2a. Mailing Address 26 700 Universe Blvd Suite, Apt. #, etc.
22 Attn: Dennis P. Coyle City & State	27 Juno Beach, FL City & State
23 Juno Beach, FL Zip 33408 Country USA	28 Juno Beach, FL Zip 33408 Country USA

3. Date incorporated or Qualified 10/30/1996	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0716600	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASETER, LARRY J	1.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANSON, PAUL J	2.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, WILLIAM W	3.2 NAME	
STREET ADDRESS	9250 W FLAGLER ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACKIRA, MICHAEL W	4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIL, DILEK	5.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, DENNIS P	6.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	6.4 CITY-ST-ZIP	

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: Dennis P. Coyle 02/05/99 (561) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)