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PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000025713**

1. Corporation Name
ESI MOJAVE, 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0748643	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country		25	
25		30		29	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEON, J E 9250 W FLAGLER STREET MIAMI FL 33174				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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANCER, EDWARD F	1.2 NAME	Yackira, Michael W.
STREET ADDRESS	11760 US HIGHWAY ONE	1.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	1.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELBER, LESLIE J.	2.2 NAME	Hoffman, Kenneth P.
STREET ADDRESS	11760 US HWY 1, SUITE 600	2.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	2.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	3.2 NAME	Boylan, Peter D.
STREET ADDRESS	11760 US HWY 1, SUIT E600	3.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	3.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYLAN, PETER D.	4.2 NAME	Carpenter, Frances M.
STREET ADDRESS	11760 US HWY 1, SUITE 600	4.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	4.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M.	5.2 NAME	Hathaway, Scot C.
STREET ADDRESS	11760 US HWY 1, SUITE 600	5.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	5.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATHAWAY, SCOT C	6.2 NAME	Ponder, Stephen H.
STREET ADDRESS	11760 US HWY 1, SUIT E600	6.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	6.4 CITY-ST-ZIP	Juno Beach FL 33408

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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** Date: **3/2/99** Daytime Phone #: **561-691-7171**

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ADDENDUM TO 1999 FLORIDA ANNUAL REPORT

ESI MOJAVE, INC.
Document # P97000025713

SECTION 8

Intangible tax is paid by parent company FPL GROUP, INC., FEI #59-2449419

SECTION 13

TITLE:	AS
NAME:	Tancer, Edward F.
STREET ADDRESS:	700 Universe Blvd Juno Beach FL 33408