

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90112 011 ***150.00

DOCUMENT # **P97000097440**

1. Corporation Name

ESI NORTHEAST ENERGY ACQUISITION FUNDING, 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

3. Date Incorporated or Qualified

11/13/1997

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0805451

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No **As 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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TANCER, EDWARD F	
STREET ADDRESS	11760 U.S. HIGHWAY ONE #600	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GELBER, LESLIE J.	
STREET ADDRESS	11760 US HWY ONE SUITE 600	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH P.	
STREET ADDRESS	11760 US HWY ONE SUITE 600	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BOYLAN, PETER D.	
STREET ADDRESS	11760 US HWY ONE SUITE 600	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GLENN E	
STREET ADDRESS	11760 US HWY ONE SUITE 600	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M.	
STREET ADDRESS	11760 US HWY ONE SUITE 600	
CITY-ST-ZIP	N PALM BEACH FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Yackira, Michael W.	
1.3 STREET ADDRESS	700 Universe Blvd.	
1.4 CITY-ST-ZIP	Juno Beach FL 33408	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hoffman, Kenneth P.	
2.3 STREET ADDRESS	700 Universe Blvd.	
2.4 CITY-ST-ZIP	Juno Beach FL 33408	
3.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Smith, Glenn E.	
3.3 STREET ADDRESS	700 Universe Blvd.	
3.4 CITY-ST-ZIP	Juno Beach FL 33408	
4.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Boylan, Peter D.	
4.3 STREET ADDRESS	700 Universe Blvd.	
4.4 CITY-ST-ZIP	Juno Beach FL 33408	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carpenter, Frances M.	
5.3 STREET ADDRESS	700 Universe Blvd.	
5.4 CITY-ST-ZIP	Juno Beach FL 33408	
6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Hathaway, Scot C.	
6.3 STREET ADDRESS	700 Universe Blvd.	
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)(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99

561-691-7171

Daytime Phone #

0326652