

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 MAY -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M53762 (4)

1. Corporation Name
ESI GEOTHERMAL INC.

Principal Place of Business 1400 CENTREPARK BLVD 600 WEST PALM BEACH FL 33401	Mailing Address 1400 CENTREPARK BLVD 600 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 06/12/1987	3a. Date of Last Report 03/23/1994
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4. FEI Number 59-2819465	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	See Attached
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2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Zip
24 [] Country	29 [] Country
25 []	30 []

9. Name and Address of Current Registered Agent

**LEON, J E
9250 WEST FLAGLER ST
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARPENTER, LARRY K
STREET ADDRESS	1400 CENTREPARK BLVD 600
CITY - ST - ZIP	W PALM BCH FL
TITLE	DV
NAME	GELBER, LESLIE J
STREET ADDRESS	1400 CENTREPARK BLVD., #600
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	DP
NAME	HOFFMAN, KENNETH P
STREET ADDRESS	1400 CENTREPARK BLVD 600
CITY - ST - ZIP	W PALM BCH FL
TITLE	T
NAME	BARNA, KENNETH G
STREET ADDRESS	1400 CENTREPARK BLVD., #600
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	S
NAME	CARPENTER, FRANCES M
STREET ADDRESS	1400 CENTREPARK BLVD 600
CITY - ST - ZIP	W PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARPENTER, LARRY K	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCGRATH, ROBERT L	
4.3 STREET ADDRESS	1400 CENTREPARK BLVD, STE 600	
4.4 CITY - ST - ZIP	WEST PALM BEACH FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Frances M. Carpenter* **FRANCES M. CARPENTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR SECRETARY

3/23/95
Date

407-687-4900
Original Phone #

M53762

ATTACHMENT TO 1995 CORPORATION ANNUAL REPORT - FLORIDA

INTANGIBLE TAX IS PAID BY PARENT COMPANY, FPL GROUP, INC., FEI #58-2449419.