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Mar 25 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 # M61920 (8)
1. Corporate Name
FPL ENERSYS, INC.



Principal Place of Business: C/O J. E. LEON, 9250 W. FLAGLER STREET, MIAMI FL 33174, US
Mailing Address: 700 UNIVERSE BLVD., ATTN: COYLE, DENNIS. P, JUNO BEACH FL 33408-2657, US

2. Principal Place of Business (21-25)
2a. Mailing Address (26-30)

3. Date Incorporated or Qualified: 11/03/1987
3a. Date of Last Report: 03/12/1996
4. FEI Number: 65-0020596
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LEON, J E
9250 W. 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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	DP	1.1 TITLE	DP
NAME	STEWART, ROBERT E. J	1.2 NAME	LASETER, LARRY J.
STREET ADDRESS	9250 W FLAGLER ST	1.3 STREET ADDRESS	700 UNIVERSE BOULEVARD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	D	2.1 TITLE	
NAME	YACKIRA, MICHAEL W	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	3.1 TITLE	
NAME	EVANSON, PAUL J	3.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	3.4 CITY-ST-ZIP	
TITLE	TAS	4.1 TITLE	
NAME	SAMIL, DILEK L	4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	COYLE, DENNIS P	5.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HAMILTON, WILLIAM W.	6.2 NAME	
STREET ADDRESS	9250 W FLAGLER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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 included 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: _____ DATE: 03/06/97 (561) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)