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03-14-1999 90002 020 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # M61920

1. Corporation 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
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/03/1987

4. FEI Number
65-0020596 Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **700 Universe Boulevard**

22 **Attn: Dennis P. Coyle**

23 **Juno Beach, FL**

24 **33408** 25 **USA**

2a. Mailing Address

26 **700 Universe Blvd.**

27 **Attn: Dennis P. Coyle**

28 **Juno Beach, FL**

29 **33408** 30 **USA**

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 **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 BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis P. Coyle 02/05/99

Date

(561) 694-4644

Daytime Phone #

CR2E034 (1/198)