


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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90045 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # M63814

1. Corporation Name
ESI DOUBLE "C", 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 12/18/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0024937	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LEON, J E 9250 WEST 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, LARRY K	1.2 NAME	YACKIRA, MICHAEL W
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	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	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELBER, LESLIE J	2.2 NAME	PONDER, STEPHEN H
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	2.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	2.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P	3.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	3.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	3.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLAN, PETER	4.2 NAME	
STREET ADDRESS	11760 US HWY 1, STE 600	4.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	N PALM BCH FL 33408	4.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M	5.2 NAME	
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600	5.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	5.4 CITY-ST-ZIP	JUNO BEACH FL 33408
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATHAWAY, SCOT C	6.2 NAME	
STREET ADDRESS	11760 US HWY 1, STE 600	6.3 STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	N PALM BCH FL 33408	6.4 CITY-ST-ZIP	JUNO BRACH 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* **FRANCES M. CARPENTER** 2/19/99 (561) 6917171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0326767

M63814
28001590045 37

ADDENDUM TO 1999 FLORIDA ANNUAL REPORT SECTION 13

ESI DOUBLE "C", INC. DOCUMENT #M63814

TITLE: AS
NAME: TANCER, EDWARD F
STREET ADDRESS: 700 UNIVERSE BLVD
JUNO BEACH FL 33408

TITLE: AS
NAME: PONDER, STEPHEN H
STREET ADDRESS: 700 UNIVERSE BLVD
JUNO BEACH FL 33408

SECTION 8

INTANGIBLE TAX IS PAID BY PARENT COMPANY, FPL GROUP, INC.,
FEI #59-2449419