

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055352 (4)

1. Corporation Name  
**FPL TERMOCANDELARIA, INC.**

Principal Place of Business <b>11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408</b>	Mailing Address <b>11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3029</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/27/1996</b>		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0684354</b>		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>See Attached</b>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LEON, J E 9250 WEST FLAGLER STREET MIAMI FL 33174</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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 of 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	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>Asst/S</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>TANCER, EDWARD F</b>		1.2 NAME				
STREET ADDRESS	<b>11760 U.S. HIGHWAY ONE</b>		1.3 STREET ADDRESS				
CITY- ST- ZIP	<b>NORTH PALM BEACH FL 33408</b>		1.4 CITY- ST- ZIP				
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<b>D/P</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			2.2 NAME	<b>LEIGHTON, MICHAEL L</b>			
STREET ADDRESS			2.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE #600</b>			
CITY- ST- ZIP			2.4 CITY- ST- ZIP	<b>NORTH PALM BEACH FL 33408</b>			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			3.2 NAME	<b>WERNEBURG, KENNETH R</b>			
STREET ADDRESS			3.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE #600</b>			
CITY- ST- ZIP			3.4 CITY- ST- ZIP	<b>NORTH PALM BEACH FL 33408</b>			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<b>D/T</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	<b>MC GRATH, ROBERT L</b>			
STREET ADDRESS			4.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE #600</b>			
CITY- ST- ZIP			4.4 CITY- ST- ZIP	<b>NORTH PALM BEACH FL 33408</b>			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<b>S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	<b>CARPENTER, FRANCES M</b>			
STREET ADDRESS			5.3 STREET ADDRESS	<b>11760 US HIGHWAY ONE #600</b>			
CITY- ST- ZIP			5.4 CITY- ST- ZIP	<b>NORTH PALM BEACH FL 33408</b>			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY- ST- ZIP			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 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** **4/7/97** **561-691-3500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0301202

CR2E034 (9/96)