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

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

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90158 028 ***150.00

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DOCUMENT # **P96000089884**

1. Corporation Name

FPL ENERGY SERVICES II, INC.

Principal Place of Business	Mailing Address
9250 WEST FLAGLER STREET MIAMI FL 33174	700 UNIVERSE BLVD ATTN:DENNIS P COYLE JUNO BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
10/30/1996

4. FEI Number **65-0716600** — Applied For — Not Applicable

2. Principal Place of Business	21	700 Universe Boulevard	26	2a. Mailing Address

Suite, Apt. #, etc. 22 | **Attn: Dennis P. Coyle** 27 | Suite, Apt. #, etc.

City & State 23 | **Juno Beach, FL** 28 | City & State

Zip 24	**33408**	Country 25	**USA**	Zip	Country 30

5. Certifcate 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

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

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE **DP** ☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME **LASETER, LARRY J**	1.2 NAME			
STREET ADDRESS **700 UNIVERSE BLVD**	1.3 STREET ADDRESS			
CITY-ST-ZIP **JUNO BCH FL**	1.4 CITY-ST-ZIP			
TITLE **D** ☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME **EVANSON, PAUL J**	2.2 NAME			
STREET ADDRESS **700 UNIVERSE BLVD**	2.3 STREET ADDRESS			
CITY-ST-ZIP **JUNO BCHF L**	2.4 CITY-ST-ZIP			
TITLE **D** ☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME **HAMILTON, WILLIAM W**	3.2 NAME			
STREET ADDRESS **9250 W FLAGLER ST**	3.3 STREET ADDRESS			
CITY-ST-ZIP **MIAMI FL**	3.4 CITY-ST-ZIP			
TITLE **D** ☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME **YACKIRA, MICHAEL W**	4.2 NAME			
STREET ADDRESS **700 UNIVERSE BLVD**	4.3 STREET ADDRESS			
CITY-ST-ZIP **JUNO BCH FL**	4.4 CITY-ST-ZIP			
TITLE **T** ☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME **SAMIL, DILEK**	5.2 NAME			
STREET ADDRESS **700 UNIVERSE BLVD**	5.3 STREET ADDRESS			
CITY-ST-ZIP **JUNO BCH FL**	5.4 CITY-ST-ZIP			
TITLE **S** ☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME **COYLE, DENNIS P**	6.2 NAME			
STREET ADDRESS **700 UNIVERSE BLVD**	6.3 STREET ADDRESS			
CITY-ST-ZIP **JUNO BCH 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: _____ Dennis P. Coyle   02/05/99   (561) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #