


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

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90011 031 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000099361**

1. Corporation Name  
**ESI CHEROKEE MGP, INC.**



Principal Place of Business 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	Mailing Address ATTN: FRANCES M. CARPENTER 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/04/1996</b>	4. FEI Number <b>65-0716580</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 AS <input type="checkbox"/> DELETE NAME TANCER, EDWARD F STREET ADDRESS 11760 US HWY ONE, STE. 600 CITY-ST-ZIP N. PALM BEACH FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 700 UNIVERSE BLVD 1.4 CITY-ST-ZIP JUNO BEACH FL 33408
TITLE DV <input type="checkbox"/> DELETE NAME LEIGHTON, MICHAEL L. STREET ADDRESS 11760 US HWY 1, STE 600 CITY-ST-ZIP N. PALM BCH FL	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME V 2.3 STREET ADDRESS 700 UNIVERSE BLVD 2.4 CITY-ST-ZIP JUNO BEACH FL 33408
TITLE DV <input checked="" type="checkbox"/> DELETE NAME GELBER, LESLIE J. STREET ADDRESS 11760 US HWY 1, STE 600 CITY-ST-ZIP N. PALM BCH FL	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME DP 3.3 STREET ADDRESS YACKIRA, MICHAEL W 3.4 CITY-ST-ZIP 700 UNIVERSE BLVD JUNO BEACH FL 33408
TITLE DT <input type="checkbox"/> DELETE NAME BOYLAN, PETER STREET ADDRESS 11760 US HWY 1, STE 600 CITY-ST-ZIP N. PALM BCH FL 33408	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 700 UNIVERSE BLVD 4.4 CITY-ST-ZIP JUNO BEACH FL 33408
TITLE S <input type="checkbox"/> DELETE NAME CARPENTER, FRANCES M. STREET ADDRESS 11760 US HWY 1, STE 600 CITY-ST-ZIP N. PALM BCH FL	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 700 UNIVERSE BLVD 5.4 CITY-ST-ZIP JUNO BEACH FL 33408
TITLE AS <input type="checkbox"/> DELETE NAME HATHAWAY, SCOT C STREET ADDRESS 11760 U. S. HWY ONE STE 600 CITY-ST-ZIP NORTH PALM BEACH FL 33408	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 700 UNIVERSE BLVD 6.4 CITY-ST-ZIP JUNO BEACH 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 2/8/99 (561)691 7171

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

371206-90011-31  
P96000099361

**ADDENDUM TO 1999 FLORIDA ANNUAL REPORT  
SECTION 13**

**ESI CHEROKEE MGP, INC. DOCUMENT # P96000099361**

**TITLE:** DV **CHANGE**  
**NAME:** HOFFMAN, KENNETH P  
**STREET ADDRESS:** 700 UNIVERSE BLVD  
JUNO BEACH FL 33408

**TITLE:** V **CHANGE**  
**NAME:** FRIES, WILLIAM A  
**STREET ADDRESS:** 700 UNIVERSE BLVD  
JUNO BEACH FL 33408

**TITLE:** V **CHANGE**  
**NAME:** SMITH, GLENN E  
**STREET ADDRESS:** 700 UNIVERSE BLVD  
JUNO BEACH FL 33408

**TITLE:** AS **CHANGE**  
**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