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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000104433 DC

1. Corporation Name
ESI ORMESA HOLDINGS, 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	4. FEI Number	Applied For
21	26	12/10/1997	65-0805463	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	5. Additional Fee Required	\$8.75
22	27	<input type="checkbox"/>	Fee Required	
City & State	City & State	6. Election Campaign Financing	6. May Be Added to Fees	\$5.00
23	28	Trust Fund Contribution		
Zip	Country	29	30	8. This corporation owes the current year intangible Personal Property Tax.
24	25	29	30	<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 W 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANCER, EDWARD F	1.2 NAME	Yackira, Michael W.
STREET ADDRESS	11760 US HIGHWAY ONE STE 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	D/V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GELBER, LESLIE J.	2.2 NAME	Hoffman, Kenneth P.
STREET ADDRESS	11760 US HWY 1, SUITE 600	2.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	2.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, KENNETH P.	3.2 NAME	Boylan, Peter D.
STREET ADDRESS	11760 US HWY 1, SUITE 600	3.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	3.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYLAN, PETER	4.2 NAME	Carpenter, Frances M.
STREET ADDRESS	11760 US HWY 1, SUITE 600	4.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	4.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARPENTER, FRANCES M.	5.2 NAME	Hathaway, Scot C.
STREET ADDRESS	11760 US HWY 1, SUITE 600	5.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	5.4 CITY-ST-ZIP	Juno Beach FL 33408
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HATHAWAY, SCOT C	6.2 NAME	Ponder, Stephen H.
STREET ADDRESS	11760 US HWY 1, SUITE 600	6.3 STREET ADDRESS	700 Universe Blvd.
CITY-ST-ZIP	N. PALM BEACH FL 33408	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 3/3/99 561-691-7171
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

P97000104433
425885-90039-16

ADDENDUM TO 1999 FLORIDA ANNUAL REPORT

ESI ORMESA HOLDINGS, INC.
Document # P97000104433

SECTION 8

Intangible tax is paid by parent company FPL GROUP, INC., FEI #59-2449419

SECTION 13

TITLE:	AS
NAME:	Tancer, Edward F.
STREET ADDRESS:	700 Universe Blvd Juno Beach FL 33408