

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90001 031 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000067186

1. Corporation Name
FPL THERMAL SYSTEMS, INC.



Principal Place of Business
**700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**

Mailing Address
**700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/30/1998

4. FEI Number
65-0858520

5. Certificate 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 **Attn: Dennis P. Coyle**
 28 City & State
 29 Zip Country
 30

9. Name and Address of Current Registered Agent

**LEON, J E
 9250 WEST FLAGLER STREET
 MIAMI FL 33174**

10. Name and Address of New Registered Agent

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANCER, EDWARD F	1.2 NAME	Laseter, Larry J.
STREET ADDRESS	700 UNIVERSE BOULEVARD	1.3 STREET ADDRESS	700 UNIVERSE BOULEVARD
CITY-ST-ZIP	JUNO BEACH FL 33408	1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	EVANSON, PAUL J.
STREET ADDRESS		2.3 STREET ADDRESS	700 UNIVERSE BOULEVARD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	HAMILTON, WILLIAM W.
STREET ADDRESS		3.3 STREET ADDRESS	9250 W. FLAGLER STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI, FL 33102
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	YACKIRA, MICHAEL W.
STREET ADDRESS		4.3 STREET ADDRESS	700 UNIVERSE BOULEVARD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	SAMIL, DILEK L.
STREET ADDRESS		5.3 STREET ADDRESS	700 UNIVERSE BOULEVARD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	COYLE, DENNIS P.
STREET ADDRESS		6.3 STREET ADDRESS	700 UNIVERSE BOULEVARD
CITY-ST-ZIP		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: _____ **Dennis P. Coyle** **02/05/99** **(561) 694-4644**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)