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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000067187

Principal Place of Business

FPL ES HOLDINGS, INC.

700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	JUNO BEACH FL 33408		DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualifed 07/30/1998
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		Not Applicable
Suite, Apt. #, etc.  22 ATTN: DENNIS P. COYLE	Suite, Apt. #, etc.		5. Certifcate of Status Desired   \$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country  24 25	Zip 30	Country	8. This corporation owes the current year Intangible Personal Property Tax.
9. Name and Address of Curren		<del></del>	10. Name and Address of New Registered Agent
<u> </u>		81 Name	
Leon, J e 9250 West Flagler Street		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
MIAMI FL 33174		83	
		84 City	FL 85 Zip Code
Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligation.	of Florida, Such change was author	orized by the corbora	rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered
SIGNATURE			DATE
Signature, typed or printed name of registered agei		gistered Agent signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	□ pereie		
NAME TANCER, EDWARD F		1.2 NAME	
STREET ADDRESS 700 UNIVERSE BOULEVARD		1.3 STREET ADDRESS	
CITY-ST-ZIP JUNO BEACH FL 33408	C DELETE	1.4 CITY-ST-ZIP	☐ Change · ☐ Addition
TITLE	☐ DELETE	2.1 TITLE	Change — Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ANDRESS		3.3 STREET ADDRESS	

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 an accurate with an address, with all other like empowered.

34 CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITI F

NAME

TITLE

NAME

Edward F. Tancer

☐ DELETE

DELETE

DELETE

(561) 694-3424

**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90001 029 \*\*\*150.00

Addition

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Addition

Change

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Change