


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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90045 030 \*\*\*150.00

0325937

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

**DOCUMENT # S72897**  
 1. Corporation Name  
**ESI MONTGOMERY COUNTY, 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified <b>08/12/1991</b>	
4. FEI Number <b>65-0288735</b>	Applied For 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.	As Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOFFMAN, KENNETH P 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GELBER, LESLIE J 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARPENTER, FRANCES M. 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOYLAN, PETER 11760 US HWY 1, STE 600 N PALM BCH FL 33408 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PONDER, STEPHEN H 11760 US HWY 1, STE 600 N PALM BCH FL 33408 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TANCER, EDWARD F 11760 US HWY 1, STE 600 N PALM BCH FL 33408 <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	D/P Yackira, Michael W. 700 Universe Blvd. Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D/V Hoffman, Kenneth P. 700 Universe Blvd. Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D/T Boylan, Peter D. 700 Universe Blvd. Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S Carpenter, Frances M. 700 Universe Blvd. Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS Hathaway, Scot C. 700 Universe Blvd. Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	AS Ponder, Stephen H. 700 Universe Blvd. Juno Beach FL 33408 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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** 3/2/99 **3/2/99** 561-691-7171  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

S 72897  
280008 90045 30

## ADDENDUM TO 1999 FLORIDA ANNUAL REPORT

**ESI MONTGOMERY COUNTY, INC.**  
Document # S72897

---

### SECTION 8

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

### SECTION 13

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