

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 AUG -8 AM 8:01

SECRETARY OF STATE



FLORIDA 16

DOCUMENT # V46350 (7)  
1. Corporation Name  
CH POSDEF, INC.

Principal Place of Business Mailing Address  
11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408  
11760 US HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3029

3. Date Incorporated or Qualified 06/25/1992  
3a. Date of Last Report 04/16/1996  
4. FEI Number 65-0355811 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contributor  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes  Yes  No *See Attached*

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 25 29 30

9. Name and Address of Current Registered Agent  
LEON, J E  
9250 WEST FLAGLER ST.  
MIAMI FL 33174  
*OK'd 10/15 - 4325-00-000 2/10/97 \$165-*

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 Signature, typed or printed name of registered agent; and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	V <input type="checkbox"/> DELETE
NAME	BONILLA, LORI J
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY - ST - ZIP	NORTH PALM BEACH FL 33408
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	FRIES, WILLIAM A
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY - ST - ZIP	NORTH PALM BEACH FL 33408
TITLE	DT <input type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT T
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY - ST - ZIP	NORTH PALM BEACH FL 33408
TITLE	DV <input type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH P
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY - ST - ZIP	NORTH PALM BEACH FL 33408
TITLE	DP <input type="checkbox"/> DELETE
NAME	GELBER, LESLIE J
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY - ST - ZIP	NORTH PALM BEACH FL 33408
TITLE	S <input type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M
STREET ADDRESS	11760 US HIGHWAY ONE SUITE 600
CITY - ST - ZIP	NORTH PALM BEACH FL 33408

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (1-12)	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFONSO, ADALBERTO
1.3 STREET ADDRESS	11760 US HIGHWAY ONE, SUITE 600
1.4 CITY - ST - ZIP	NORTH PALM BEACH FL 33408
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	300002266333--7
2.3 STREET ADDRESS	-08/13/97--01106--001
2.4 CITY - ST - ZIP	****165.00 ****165.00
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	POSTED
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	ad 2-24-97 #16250
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	M/12
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

11. I do 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. 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



**ESI ENERGY**  
AN FPL GROUP COMPANY

**ATTACHMENT TO 1996 CORPORATION ANNUAL REPORT - FLORIDA**

**INTANGIBLE TAX IS PAID BY PARENT COMPANY, FPL GROUP, INC., FEI #59-2449419**

**July 22, 1997**

ATT: Annual Reports Section  
Division of Corporations  
Florida Department of State  
Post Office Box 1500  
Tallahassee, FL 32302-1500

Re: CH POSDEF, INC. V46350  
ESI KERN FRONT, INC. M63815

Enclosed are checks for the Annual Report fee for the above-referenced corporations in the amounts of \$165.00. As indicated by the enclosed copies of the initial reports, our accounting department mailed checks numbers 16257 and 16250 with the Annual Reports on February 24, 1997, to your offices.

Recently we received second notices for these corporations indicating that your office has not received payment.

Because our original checks were mailed before the reporting deadline we were advised by your office to send another check in the initial filing amount.

Sincerely,

Frances M. Carpenter  
Assistant Secretary

Enclosures (2)