

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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90158 026 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 106395
 1. Corporation Name
FLORIDA POWER & LIGHT COMPANY

Principal Place of Business C/O DENNIS P COYLE 700 UNIVERSE BLVD/P.O. BOX 14000 JUNO BCH FL 33408	Mailing Address C/O DENNIS P COYLE 700 UNIVERSE BLVD/P.O. BOX 14000 JUNO BCH FL 33408
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DO NOT WRITE IN THIS SPACE

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	29

3. Date Incorporated or Qualified 12/28/1925	
4. FEI Number 59-0247775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DCC	<input type="checkbox"/> DELETE
NAME	BROADHEAD, JAMES L	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOODY, C. O	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	DGS	<input type="checkbox"/> DELETE
NAME	COYLE, DENNIS P	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KELLEHER, LAWRENCE J	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	EVANSON, PAUL J	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	PLUNKETT, THOMAS F	
STREET ADDRESS	700 UNIVERSE BOULEVARD	
CITY-ST-ZIP	JUNO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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)