

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 10 AM 11:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H69244 (2)**

1. Corporation Name  
**FPL GROUP CAPITAL INC**

Principal Place of Business <b>ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BCH FL 33408</b>	Mailing Address <b>ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD P.O. BOX 14000 JUNO BCH FL 33408</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>08/01/1985</b>	3a. Date of Last Report <b>03/24/1994</b>
4. FEI Number <b>59-2576416</b>	Applied For <input type="checkbox"/> 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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LEON, J E  
9250 W. FLAGLER ST.  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPC</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROADHEAD, J.L.</b>	1.2 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DVC</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANSON, PAUL J.</b>	2.2 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELBER, LESLIE J</b>	3.2 NAME	
STREET ADDRESS	<b>11770 US HWY #1</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N PALM BCH FL 33408</b>	3.4 CITY-ST-ZIP	
TITLE	<b>DVTS</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAMIL, DILEK L</b>	4.2 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	4.4 CITY-ST-ZIP	
TITLE	<b>S</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COYLE, D. P.</b>	5.2 NAME	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	5.4 CITY-ST-ZIP	
TITLE	<b>C</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, K. MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>9250 W. FLAGLER ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **Dennis P. Coyle** **March 20, 1995** **(407) 694-4644**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H69244

ATTACHMENT TO BLOCK #12

FPL GROUP CAPITAL INC

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	AC	1.1 TITLE	
1.2 NAME	STAMM, SOLOMON I.	1.2 NAME	
1.3 STREET ADDRESS	9250 W. FLAGLER STREET	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	MIAMI, FL	1.4 CITY-ST-ZIP	
2.1 TITLE	AT/AS	2.1 TITLE	
2.2 NAME	SUTHERLAND, PAUL R.	2.2 NAME	
2.3 STREET ADDRESS	700 UNIVERSE BLVD.	2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	JUNO BEACH, FL	2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	