

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H69244 (2)
1. Corporation Name
FPL GROUP CAPITAL INC



Principal Place of Business: **ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD, P.O. BOX 14000, JUNO BCH FL 33408**
Mailing Address: **ATTN: DENNIS P. COYLE, 700 UNIVERSE BLVD, P.O. BOX 14000, JUNO BCH FL 33408**

3. Date Incorporated or Qualified: **08/01/1985** 3a. Date of Last Report: **04/10/1995**
4. FEI Number: **59-2576416** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. Suite, Apt. #, etc.: 22. City & State: 23. Zip: 24. Country: 25. Mailing Address: 26. Suite, Apt. #, etc.: 27. City & State: 28. Zip: 29. Country: 30.

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. City: 84. City: **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADHEAD, J.L.	1.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL 33408	1.4 CITY - ST - ZIP	
TITLE	DVC	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANSON, PAUL J.	2.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL 33408	2.4 CITY - ST - ZIP	DVC
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELBER, LESLIE J	3.2 NAME	
STREET ADDRESS	11770 US HWY #1	3.3 STREET ADDRESS	
CITY - ST - ZIP	N PALM BCH FL 33408	3.4 CITY - ST - ZIP	
TITLE	DVTS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMIL, DILEK L	4.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL 33408	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYLE, D. P.	5.2 NAME	
STREET ADDRESS	700 UNIVERSE BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	JUNO BEACH FL 33408	5.4 CITY - ST - ZIP	
TITLE	C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, K. MICHAEL	6.2 NAME	
STREET ADDRESS	9250 W. FLAGLER ST	6.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	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 119.07(3)(k), 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.

SIGNATURE: **Dennis P. Coyle** 3/1/96 (407) 694-4644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)