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**Mar 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 33408-0420**

3. Date Incorporated or Qualified: **08/01/1985** 3a. Date of Last Report: **03/14/1996**  
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 State, Apt. #, etc. 22 City & State. 23 Zip Country. 24 25  
2a. Mailing Address: 26 State, Apt. #, etc. 27 City & State. 28 Zip Country. 29 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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPC</b>	<input type="checkbox"/> DELETE
NAME	<b>BROADHEAD, J.L.</b>	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	
CITY- ST- ZIP	<b>JUNO BEACH FL 33408</b>	
TITLE	<b>DVC</b>	<input type="checkbox"/> DELETE
NAME	<b>YACKIRA, MICHAEL W.</b>	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	
CITY- ST- ZIP	<b>JUNO BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>GELBER, LESLIE J</b>	
STREET ADDRESS	<b>11770 US HWY #1</b>	
CITY- ST- ZIP	<b>N PALM BCH FL 33408</b>	
TITLE	<b>DVTS</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMIL, DILEK L</b>	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	
CITY- ST- ZIP	<b>JUNO BEACH FL 33408</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>COYLE, D. P.</b>	
STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	
CITY- ST- ZIP	<b>JUNO BEACH FL 33408</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, K. MICHAEL</b>	
STREET ADDRESS	<b>9250 W. FLAGLER ST</b>	
CITY- ST- ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>AC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>PEREZ, CARMEN M.</b>	
1.3 STREET ADDRESS	<b>9250 W. Flagler Street</b>	
1.4 CITY- ST- ZIP	<b>MIAMI, FL 33102</b>	
2.1 TITLE	<b>ATAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SUTHERLAND, PAUL R.</b>	
2.3 STREET ADDRESS	<b>700 UNIVERSE BLVD.</b>	
2.4 CITY- ST- ZIP	<b>JUNO BEACH, FL 33408</b>	
3.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GELBER, LESLIE J.</b>	
3.3 STREET ADDRESS	<b>11760 US Highway One, Suite #600</b>	
3.4 CITY- ST- ZIP	<b>NORTH PALM BEACH, FL 33408</b>	
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 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; 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** 03/06/97 (561) 694-4644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)