

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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1985	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
4. FEI Number 59-2576416	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent LEON, J E 9250 W. FLAGLER ST. MIAMI FL 33174		81 Name		10. Name and Address of New Registered Agent	
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC BROADHEAD, J.L. 700 UNIVERSE BLVD. JUNO BEACH FL 33408	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ATAS CUTLER, PAUL I. 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DVC YACKIRA, MICHAEL W. 700 UNIVERSE BLVD. JUNO BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AC PEREZ, CARMEN M. 9250 W. FLAGLER ST. MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE V GELBER, LESLIE J 11700 US HWY ONE., SUITE 600 NORTH PALM BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE DVTS SAMIL, DILEK I 700 UNIVERSE BLVD. JUNO BEACH FL 33408	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE S COYLE, D. P. 700 UNIVERSE BLVD. JUNO BEACH FL 33408	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE C DAVIS, K. MICHAEL 9250 W. FLAGLER ST MIAMI FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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** 3/16/98 (561) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0313872

CR2E034 (10/97)