

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

**FILED**  
**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 # J11139 (9)**  
 1. Corporation Name  
**FPL HOLDINGS INC**



Principal Place of Business: **ATTN: DENNIS P COYLE, 700 UNVERSE BLVD P.O. BOX 14000 JUNO BEACH FL 33408**  
 Mailing Address: **ATTN: DENNIS P COYLE, 700 UNVERSE BLVD P.O. BOX 14000 JUNO BEACH FL 33408-0420**

3. Date Incorporated or Qualified: **04/24/1986**      3a. Date of Last Report: **03/14/1996**  
 4. FEI Number: **59-2693420**      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  
 2a. Mailing Address: 26 Suite, 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature type for principal officer of corporation (and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>DVT</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>SAMIL, D. L.</b>          |                                 |
| STREET ADDRESS | <b>700 UNVERSE BLVD</b>      |                                 |
| CITY- ST- ZIP  | <b>JUNO BEACH FL</b>         |                                 |
| TITLE          | <b>DPS</b>                   | <input type="checkbox"/> DELETE |
| NAME           | <b>COYLE, DENNIS P</b>       |                                 |
| STREET ADDRESS | <b>700 UNVERSE BLVD</b>      |                                 |
| CITY- ST- ZIP  | <b>JUNO BCH FL</b>           |                                 |
| TITLE          | <b>DV</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>GELBER, LESLIE J</b>      |                                 |
| STREET ADDRESS | <b>11760 US HWY ONE #600</b> |                                 |
| CITY- ST- ZIP  | <b>N PALM BCH FL</b>         |                                 |
| TITLE          | <b>V</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>BORGMEYER, SCOTT H</b>    |                                 |
| STREET ADDRESS | <b>700 UNVERSE BOULEVARD</b> |                                 |
| CITY- ST- ZIP  | <b>JUNO BEACH FL</b>         |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY- ST- ZIP  |                              |                                 |

**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 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 included 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 in an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **Dennis P. Coyle**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/06/96 (561) 694-4644**  
Date Daytime Phone #

CR2E034 (9/96)