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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 043 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M04961

1. Corporation Name
FPL GROUP, INC.

Principal Place of Business
 C/O DENNIS P COYLE
 700 UNIVERSE BLVD/P.O. BOX 14000
 JUNO BCH FL 33408

Mailing Address
 C/O DENNIS P COYLE
 700 UNIVERSE BLVD/P.O. BOX 14000
 JUNO BCH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1984	
4. FEI Number 59-2449419	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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LEON, J E
9250 WEST FLAGLER STREET
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	GS	<input type="checkbox"/> DELETE
NAME	COYLE, DENNIS P	
STREET ADDRESS	700 UNIVERSE BOULEVARD	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	DCPC	<input type="checkbox"/> DELETE
NAME	BROADHEAD, JAMES L	
STREET ADDRESS	700 UNIVERSE BOULEVARD	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLEHER, LAWRENCE J-	
STREET ADDRESS	700 UNIVERSE BOULEVARD	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KIRK, THOMAS F	
STREET ADDRESS	700 UNIVERSE BOULEVARD	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAMIL, DILEK L	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY-ST-ZIP	JUNO BCH FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	DAVIS, K MICHAEL	
STREET ADDRESS	9250 W FLAGLER ST	
CITY-ST-ZIP	MIAMI FL L	

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 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, with all other like empowered.

SIGNATURE: _____ DATE: 02/05/99 DAYTIME PHONE #: (561) 694-3424

CR2E034 (11/98)

237916-90034-43
M049101

ATTACHMENT

12. Names and Street Addresses of Each Officer and Director (Continued).

Title	Names of Officers and Directors	Street Address	City and State
C	Davis, K. Michael	9250 W. Flagler St.	Miami, FL
V	Higgins, James P.	700 Universe Boulevard	Juno Beach, FL
V	Kromer, Mary Lou	700 Universe Boulevard	Juno Beach, FL
ATAS	Cutler, Paul I	700 Universe Boulevard	Juno Beach, FL
AC	Farr, M. Beth	700 Universe Boulevard	Juno Beach, FL
AT	McGrath, Robert L	700 Universe Boulevard	Juno Beach, FL
AC	Isabella, Frank V.	9250 W. Flagler St.	Miami, FL
AS	Peterson, James K.	700 Universe Boulevard	Juno Beach, FL
AS	Tancer, Edward F.	700 Universe Boulevard	Juno Beach, FL
D	Arnelle, H. Jesse	400 Urban Street	San Francisco, CA
D	Barrat, Sherry S.	355 S. Grand Avenue, Suite 2700	Los Angeles, CA
D	Beall, Robert M., II	1806 38th Avenue East	Bradenton, FL
D	Brown, J. Hyatt	220 South Ridgewood Ave.	Daytona Beach, FL
D	Codina, Armando M.	Two Alhambra Circle, Penthouse II	Coral Gables, FL
D	Criser, Marshall M.	3300 Barnett Center, 50 N. Laura St.	Jacksonville, FL
D	Dolan, B. F.	301 S. Tryon Street, Suite 1990	Charlotte, NC
D	Dover, Willard D.	500 E. Broward Blvd.	Ft. Lauderdale, FL
D	Dreyfoos, Alexander W., Jr.	505 South Flagler Drive, Suite 1450	West Palm Beach, FL
D	Evanson, Paul J.	700 Universe Blvd.	Juno Beach, FL
D	Lewis, Drew	737 Camp WaWa Road	Schwenksville, PA
D	Malek, Frederic V.	1455 Pennsylvania Avenue, N.W., Suite 350	Washington, D.C.
D	Tregurtha, Paul R.	Three Landmark Square	Stamford, CT