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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P96000055359

1. Corporation Name
FPL MAMONAL, INC.

Principal Place of Business
**700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**

Mailing Address
**ATTN: FRANCES M. CARPENTER
 700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/27/1996

4. FEI Number
65-0683833

Applied For
 Not Applicable

2. Principal Place of Business
 21 Suite, Apt. #, etc.

2a. Mailing Address
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J E
 9250 WEST FLAGLER STREET
 MIAMI FL 33174**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	TANCER, EDWARD F	
STREET ADDRESS	11760 U.S. HIGHWAY ONE #600	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	LEIGHTON, MICHAEL L.	
STREET ADDRESS	11760 US HIGHWAY ONE, #600	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOFFMAN, KENNETH P.	
STREET ADDRESS	11760 US HIGHWAY ONE., #600	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT L	
STREET ADDRESS	11760 US HIGHWAY ONE., #600	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CARPENTER, FRANCES M.	
STREET ADDRESS	11760 US HIGHWAY ONE #600	
CITY-ST-ZIP	N. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Leighton, Michael L.	
1.3 STREET ADDRESS	700 Universe Blvd.	
1.4 CITY-ST-ZIP	Juno Beach FL 33408	
2.1 TITLE	D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hoffman, Kenneth P.	
2.3 STREET ADDRESS	700 Universe Blvd.	
2.4 CITY-ST-ZIP	Juno Beach FL 33408	
3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Boylan, Peter D.	
3.3 STREET ADDRESS	700 Universe Blvd.	
3.4 CITY-ST-ZIP	Juno Beach FL 33408	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carpenter, Frances M.	
4.3 STREET ADDRESS	700 Universe Blvd.	
4.4 CITY-ST-ZIP	Juno Beach FL 33408	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Tancer, Edward F.	
5.3 STREET ADDRESS	700 Universe Blvd.	
5.4 CITY-ST-ZIP	Juno Beach FL 33408	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" 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: Frances M. Carpenter **Frances M. Carpenter** 3/5/99 **561-691-7171**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)