

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

**FILED**  
**Apr 15, 1999 8:00 am**  
**Secretary of State**

04-15-1999 90076 003 \*\*\*150.00

13251/04

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000057368**

1. Corporation Name  
**FPL ENERGY POWER MARKETING, INC.**



Principal Place of Business 700 UNIVERSE BLVD. JUNO BEACH FL 33408	Mailing Address ATTN: FRANCES M. CARPENTER 700 UNIVERSE BLVD. JUNO BEACH FL 33408
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>06/25/1998</b>	Applied For Not Applicable
4. FEI Number <b>65-0851428</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	As Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	<b>FL</b>
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	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>TANCER, EDWARD F</b>
STREET ADDRESS	<b>11760 U.S. HIGHWAY ONE #600</b>
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D/P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Yackira, Michael W.</b>
1.3 STREET ADDRESS	<b>700 Universe Blvd.</b>
1.4 CITY-ST-ZIP	<b>Juno Beach FL 33408</b>
2.1 TITLE	<b>D/V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Hoffman, Kenneth P.</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>D/T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Boylan, Peter D.</b>
3.3 STREET ADDRESS	<b>700 Universe Blvd.</b>
3.4 CITY-ST-ZIP	<b>Juno Beach FL 33408</b>
4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Carpenter, Frances M.</b>
4.3 STREET ADDRESS	<b>700 Universe Blvd.</b>
4.4 CITY-ST-ZIP	<b>Juno Beach FL 33408</b>
5.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Hathaway, Scot C.</b>
5.3 STREET ADDRESS	<b>700 Universe Blvd.</b>
5.4 CITY-ST-ZIP	<b>Juno Beach FL 33408</b>
6.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Ponder, Stephen H.</b>
6.3 STREET ADDRESS	<b>700 Universe Blvd.</b>
6.4 CITY-ST-ZIP	<b>Juno Beach FL 33408</b>

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 (1/198)