

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **434845**

(4)

1. Corporation Name

FPL INVESTMENTS INC.



Principal Place of Business

Mailing Address

ATTN: D P COYLE
1400 CENTREPARK BLVD #600
W PALM BCH FL 33401

700 UNIVERSE BLVD.
ATTN: COYLE, DENNIS, P
JUNO BEACH FL 33408
US

2. Principal Place of Business

21 **11760 U.S. HIGHWAY ONE**

Suite, Apt. #, etc.

22 **#600**

City & State

23 **NORTH PALM BEACH, FL**

Zip

24 **33408**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

Country

30

3. Date Incorporated or Qualified

09/17/1973

3a. Date of Last Report

04/10/1995

4. FET Number

59-1519304

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J E
9250 WEST FLAGLER ST.
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

Signature (typed or printed name of registered agent and filer if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	☐ DELETE
NAME	MCCRATH, ROBERT L	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	
CITY - ST - ZIP	WPB FL	
TITLE	DP	☐ DELETE
NAME	GELBER, LESLIE J	
STREET ADDRESS	1400 CENTREPARK BLVD., #600	
CITY - ST - ZIP	WPB FL	
TITLE	D	☒ DELETE
NAME	EVANSON, PAUL	
STREET ADDRESS	700 UNIVERSE BLVD.	
CITY - ST - ZIP	JUNO BCH FL	
TITLE	T	☐ DELETE
NAME	SAMIL, D.L.	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY - ST - ZIP	JUNO BEACH FL	
TITLE	S	☐ DELETE
NAME	COYLE, D P	
STREET ADDRESS	700 UNIVERSE BLVD	
CITY - ST - ZIP	JUNO BCH FL	
TITLE	DV	☐ DELETE
NAME	HOFFMAN, K P	
STREET ADDRESS	1400 CENTREPARK BLVD 600	
CITY - ST - ZIP	W PALM BCH FL	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE #600
1.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE #600
2.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	D YACKIRA, MICHAEL W.
3.3 STREET ADDRESS	700 UNIVERSE BLVD.
3.4 CITY - ST - ZIP	JUNO BEACH, FL 33408
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	AS CARPENTER, FRANCES M.
4.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE #600
4.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE #600
6.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Dennis P. Coyle

03/01/96

(407) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)