


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

FILED
Apr 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 434845 (4)
1. Corporation Name
FPL INVESTMENTS INC.

Principal Place of Business 11760 US HWY ONE SUITE 600 NORTH PALM BEACH FL 33408 US	Mailing Address 700 UNIVERSE BLVD. ATTN: COYLE, DENNIS. P JUNO BEACH FL 33408 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1973	4. FEI Number 59-1519304	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <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

9. Name and Address of Current Registered Agent
LEON, J E
9250 WEST 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DC <input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, ROBERT L
STREET ADDRESS	11760 US HWY ONE #600
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	GELBER, LESLIE J
STREET ADDRESS	11760 US HWY ONE #600
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YACKIRA, MICHAEL W.
STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	JUNO BEACH F
TITLE	T <input type="checkbox"/> DELETE
NAME	SAMIL, D.L.
STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	JUNO BEACH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	COYLE, D P
STREET ADDRESS	700 UNIVERSE BLVD
CITY-ST-ZIP	JUNO BCH FL
TITLE	DV <input type="checkbox"/> DELETE
NAME	HOFFMAN, K P
STREET ADDRESS	11760 US HWY PNE #600
CITY-ST-ZIP	NORTH PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BOYLAN, PETER D.
1.3 STREET ADDRESS	11760 U.S. HIGHWAY ONE, #600
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
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.

SIGNATURE: _____ Dennis P. Coyle 03/16/98 (561) 694-4644

CR2E034 (10/97)