

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90134 034 \*\*\*150.00

**DOCUMENT # 434845**

1. Corporation Name  
**FPL INVESTMENTS INC.**

Principal Place of Business

700 UNIVERSE BLVD  
JUNO BEACH FL 33408  
US

Mailing Address

700 UNIVERSE BLVD.  
ATTN: FRANCES M. CARPENTER  
JUNO BEACH FL 33408  
US

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 ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

28

Zip Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	BOYLAN, PETER D	
STREET ADDRESS	11760 U.S. HIGHWAY ONE., #600	
CITY-ST-ZIP	NORTH PALM BEACH FL 33480	
TITLE	DP	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BOYLAN, PETER D	
1.3 STREET ADDRESS	700 UNIVERSE BOULEVARD	
1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
2.1 TITLE	CARPENTER, FRANCES M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARPENTER, FRANCES M.	
2.3 STREET ADDRESS	700 UNIVERSE BOULEVARD	
2.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
3.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HATHAWAY, SCOT C.	
3.3 STREET ADDRESS	10098 OLD RIDGE ROAD	
3.4 CITY-ST-ZIP	ASHLAND, VA 23005	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PONDER, STEPHEN H.	
4.3 STREET ADDRESS	404 MENDOCINO AVE	
4.4 CITY-ST-ZIP	SANTA ROSA, CA 95401	
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 BOULEVARD	
5.4 CITY-ST-ZIP	JUNO BEACH, FL	
6.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HOFFMAN, KENNETH P.	
6.3 STREET ADDRESS	700 UNIVERSE BOULEVARD	
6.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	

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:

SIGNATURE REQUIRED  
Dennis P. Coyle

02/05/99

(561) 694-4644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)