

FILED
Mar 11 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 # 425887 (7)
1. Corporation Name
STERNBAUM INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
7050 NW 77 COURT MIAMI FL 33166 US	7050 NW 77 CT. MIAMI FL 33166 US

2. Principal Place of Business		2a. Mailing Address	
21	10301 S. DIXIE Hwy	26	10301 S. DIXIE Hwy
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	300	27	300
	City & State		City & State
23	MIAMI FL	28	MIAMI FL
	Zip		Zip
24	33156	29	33156
	Country		Country
25	DADE	30	DADE

9. Name and Address of Current Registered Agent	
STERNBAUM, SEYMOUR 2451 BRICKELL AVE MIAMI FL 33131	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its name to FLORIDA POWER & LIGHT COMPANY, and the undersigned, as an officer or registered agent, or both, in the State of Florida, Such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent not applicable (NOTE: Registered Agent signature required)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	STERNBAUM, SEYMOUR			1.2 NAME	
STREET ADDRESS	2451 BRICKELL AVE			1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL			1.4 CITY - ST - ZIP	
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	GILLER, BEN			2.2 NAME	
STREET ADDRESS	8440 SW 84 TERR.			2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL			2.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	
NAME				3.2 NAME	
STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP				6.4 CITY - ST - ZIP	

3. Date Incorporated or Qualified		05/15/1973	
4. FEI Number		Applied For	
59-2240936		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

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ation submits this statement for the purpose of changing its registered
on's board of directors. I hereby accept the appointment as registered

1 when reinstat.no)	DATE
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[illegible]

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 in an attachment with an address.

SIGNATURE:

2-20-98 (305) 666-6636

CFR2E034 (10/97)