

FILED
Mar 05 1998 8:00am
Secretary of State

DOCUMENT # L11710 (5)
1. Corporation Name
VICTOR T. NOTHNAGEL, O.D., P.A.

Principal Place of Business	Mailing Address
C/O VICTOR T. NOTHNAGEL 2332 HIGHWAY 44 WEST INVERNESS FL 34453 US	C/O VICTOR T. NOTHNAGEL 2332 HIGHWAY 44 WEST INVERNESS FL 34453 US

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent	
NOTHNAGEL, VICTOR T. 2332 HIGHWAY 44 WEST INVERNESS FL 34453	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 without the need to file a certificate of amendment to its articles of incorporation. 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.)

12.		OFFICERS AND DIRECTORS		13.	
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	NOTHNAGEL, VICTOR			1.2 NAME	
STREET ADDRESS	2332 HWY 44 WEST			1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453			1.4 CITY-ST-ZIP	
TITLE	VS	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	NOTHNAGLE, VIRGINIA S			2.2 NAME	NO
STREET ADDRESS	2332 HWY. 44, WEST			2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34453			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 08/28/1989		
4. FEI Number 59-2964260	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 type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
ess (P.O. Box Number Is Not Acceptable)		
FL		85 Zip Code

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 channeled, or in an attachment with an address.

SIGNATURE: [Signature] 2/24/98 352-726-2081