**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000055359 1. Corporation Name

FPL MAMONAL, INC.

Principal Place	of Business

Mailing Address

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90032 012 \*\*\*150.00



700 UNIVERSE BOULEVARD JUNO BEACH FL 33408  2. Principal Place of Business		ATTN: FRANCES M. CARPENTER 700 UNIVERSE BOULEVARD JUNO BEACH FL 33408			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  06/27/1996					
		2a. Mailing Address				4. FEI Number Applied For				
71		26				65-0683833 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required	* - · · · · ·			
23	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
24	Zip Country	Zip 29	Co.	intry		8. This corporation owes the current year Intangible As Attach Personal Property Tax.	ec			
1	9 Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
LEON, J E 9250 WEST FLAGLER STREET				81 82 83	Street Addre	ress (P.O. Box Number is Not Acceptable)				

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.

84 City

SIGNATURE	Signature, typed or printed name of registered agent and title if app	licable (NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
RTLE	AS	XX DELETE	1.1 TITLE	D/P		XX Addition
NAME	TANCER, EDWARD F		1.2 NAME	Leighton, Michael L.		
STREET ADDRESS	11760 U.S. HIGHWAY ONE #600		1.3 STREET ADDRESS	700 Universe Blvd.		
			1.4 CITY-ST-ZIP	Juno Beach FL 33408		
CITY-ST-ZIP	NORTH PALM BEACH FL	XX DELETE	2.1 TITLE	D/V	☐ Change	XX Addition
	DP	222	2.2 NAME	Hoffman, Kenneth P.		_
NAME	LEIGHTON, MICHAEL L.		2.3 STREET ADDRESS	700 Universe Blvd.		
STREET ADDRESS	11760 US HIGHWAY ONE, #600			Juno Beach FL 33408		ļ
CiTY-ST-ZIP	N. PALM BEACH FL	XX DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	D/T	☐ Change	XX Addition
TITLE	V	VV DECE IE	• • • • • • • • • • • • • • • • • • • •		<u> </u>	AH
NAME	HOFFMAN, KENNETH P.		3.2 NAME	Boylan, Peter D. 700 Universe Blvd.		į
STREET ADDRESS	11760 US HIGHWAY ONE., #600		3.3 STREET AODRESS	Juno Beach FL 33408		
CITY-ST-ZIP	N. PALM BEACH FL		3.4. CITY-ST-ZIP			- Addition
TITLE	DT	XX DELETE	4.1 TITLE	S	☐ Change	XX Addition
NAME	MCGRATH, ROBERT L		4, 2 NAME	Carpenter, Frances M.		
STREET ADDRESS	11760 US HIGHWAY ONE., #600		4.3 STREET ADDRESS	700 Universe Blvd.		-
CITY-ST-ZiP	N. PALM BEACH FL		4.4 CITY-ST-ZIP	Juno Beach FL 33408		
πLE	S	XX DEFELE	5.1 TITLE	AS	☐ Change	XX Addition
NAME	CARPENTER, FRANCES M.		5.2 NAME	Tancer, Edward F.		
STREET ADDRESS	11760 US HIGHWAY ONE #600		5.3 STREET ADDRESS	700 Universe Blvd.		
CITY-ST-ZIP	N. PALM BEACH FL		5.4 CITY- ST- ZIP	Juno Beach FL 33408		
TITLE		☐ DELETE	6.1 ΠπLE		☐ Change	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
OTT - OT - KIF	OF O. S.O. S.F. Co. S. S.P. J. Mr. H.C. Filling			Lin Contine 110 07/3/6) Florida Statutes I fu	than and the that the is	oformation

I hereby certify that the information supplied with first fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther certify that the informationated 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. 14. I hereby certify that the information supplied with this filing does

SIGNATURE:

Acces M. Carpenter

561-691-7171

Zip Code