

FILED
May 11 1998 8:00am
Secretary of State

DOCUMENT # P96000065508 (9)
1. Corporation Name
TISHMAN-ARNOLD, INC.

Principal Place of Business	Mailing Address
121 NORTH OSCEOLA AVENUE CLEARWATER FL 34615	121 NORTH OSCEOLA AVENUE CLEARWATER FL 34615

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

g. Name and Address of Current Registered Agent	
ARNOLD, LEE E JR 121 NORTH OSCEOLA AVENUE CLEARWATER FL 34615	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 necessity of amending its articles of incorporation or its charter. I, James M. Smith, President of the corporation, 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	D	<input type="checkbox"/> DELETE		1.1 TITLE	
NAME	ARNOLD, LEE E JR.			1.2 NAME	
STREET ADDRESS	121 N. OSCEOLA AVE			1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 33755			1.4 CITY - ST - ZIP	
TITLE	President	<input type="checkbox"/> DELETE		2.1 TITLE	
NAME	Duffy, Pat			2.2 NAME	
STREET ADDRESS	41 Weymouth Drive			2.3 STREET ADDRESS	
CITY - ST - ZIP	Clearwater, FL. 34624			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	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1996					
4. FEI Number 59-3394700	<table border="1"> <tr> <td></td> <td>Applied For</td> </tr> <tr> <td></td> <td>Not Applicable</td> </tr> </table>		Applied For		Not Applicable
	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

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

DATE _____

[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 on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (10/97)