

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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90062 041 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F94000003818

1. Corporation Name
INDIANTOWN COGENERATION FUNDING CORPORATION



Principal Place of Business: 7500 OLD GEORGETOWN RD., 13TH FLOOR, BETHESDA MD 20814
 Mailing Address: 7500 OLD GEORGETOWN RD., 13TH FLOOR, BETHESDA MD 20814

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1889595	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		29	
29		30		X \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing	
29		30		Trust Fund Contribution	
29		30		8. This corporation owes the current year Intangible Personal Property Tax.	
29		30		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	X DELETE		1.1 TITLE	PD	X Change	
NAME	KEARNEY, JOSEPH P			1.2 NAME	P. Chrisman Iribe	Addition	
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR			1.3 STREET ADDRESS	7500 Old Georgetown Rd		
CITY-ST-ZIP	BETHESDA MD 20814			1.4 CITY-ST-ZIP	Bethesda, MD 20814		
TITLE	SD	X DELETE		2.1 TITLE	SD	X Change	
NAME	IRIBE, P C			2.2 NAME	Alan W. Slegian	Addition	
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR			2.3 STREET ADDRESS	7500 Old Georgetown Rd		
CITY-ST-ZIP	BETHESDA MD 20814			2.4 CITY-ST-ZIP	Bethesda, MD 20814		
TITLE	VD	DELETED		3.1 TITLE		DELETED	
NAME	SEPPA, GERALD W			3.2 NAME		DELETED	
STREET ADDRESS	1600 SUMMER ST. 6TH FLOOR			3.3 STREET ADDRESS		DELETED	
CITY-ST-ZIP	STAMFORD CT 06927			3.4 CITY-ST-ZIP		DELETED	
TITLE	V	DELETED		4.1 TITLE		DELETED	
NAME	COOPER, JOHN R			4.2 NAME		DELETED	
STREET ADDRESS	7500 OLD GEORGETOWN RD., 13TH FLOOR			4.3 STREET ADDRESS		DELETED	
CITY-ST-ZIP	BETHESDA MD 20814			4.4 CITY-ST-ZIP		DELETED	
TITLE		DELETED		5.1 TITLE		DELETED	
NAME				5.2 NAME		DELETED	
STREET ADDRESS				5.3 STREET ADDRESS		DELETED	
CITY-ST-ZIP				5.4 CITY-ST-ZIP		DELETED	
TITLE		DELETED		6.1 TITLE		DELETED	
NAME				6.2 NAME		DELETED	
STREET ADDRESS				6.3 STREET ADDRESS		DELETED	
CITY-ST-ZIP				6.4 CITY-ST-ZIP		DELETED	

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: DAVID N. BASSETT TREASURER Date: 3/31/99 Daytime Phone # _____

CR2E034 (11/98)