


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

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> • P37985 (9) 1. Corporation Name <b>OKEECHOBEE POWER I, INC.</b>			
Principal Place of Business <b>1221 Nicollet Mall, Suite 700</b> <b>Minneapolis, MN 55403-2445</b> <b>U.S.</b>		Mailing Address <b>1221 Nicollet Mall</b> <b>Suite 700</b> <b>Minneapolis, MN 55403</b> <b>U.S.</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>03/20/1992</b>		3a. Date of Last Report <b>05/01/96</b>	
4. FEI Number <b>41-1714969</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b> <b>CT Corporation System</b> <b>1200 S. Pine Island Rd.</b> <b>Plantation, FL 33324</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE <b>Chairman</b>	NAME <b>Peterson, David H.</b>	1.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1221 Nicollet Mall, Suite 700</b>	CITY, ST, ZIP <b>Minneapolis, MN</b>	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	
TITLE <b>Director</b>	NAME <b>Peterson, David H.</b>	2.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1221 Nicollet Mall, Suite 700</b>	CITY, ST, ZIP <b>Minneapolis, MN</b>	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	
TITLE <b>Director, President, Chief Financial Officer</b>	NAME <b>Bluhm, Leonard A.</b>	3.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1221 Nicollet Mall, Suite 700</b>	CITY, ST, ZIP <b>Minneapolis, MN</b>	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	
TITLE <b>Secretary</b>	NAME <b>Young, Michael J.</b>	4.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1221 Nicollet Mall, Suite 700</b>	CITY, ST, ZIP <b>Minneapolis, MN</b>	4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	CITY, ST, ZIP <input type="checkbox"/> DELETE	5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	
TITLE <input type="checkbox"/> DELETE	NAME <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <input type="checkbox"/> DELETE	CITY, ST, ZIP <input type="checkbox"/> DELETE	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	
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 is stated 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 on Block 12 or Block 13 if changed, or on an attachment with an address.		<b>500002163245</b> <b>-05/02/97--01029--036</b> <b>***165.00</b>	
<b>SIGNATURE:</b> <i>Michael J. Young</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Michael J. Young</b>		<b>4/29/96</b> (612) 373-5300 Date Daytime Phone #	

CR2E034 (9/96)