

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90005 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **P98000097722**

1. Corporation Name
FPL ENERGY CO2 OPERATIONS, INC.



Principal Place of Business
**700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**

Mailing Address
**700 UNIVERSE BOULEVARD
 JUNO BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/18/1998

2. Principal Place of Business
 21 []
 22 []
 23 []
 24 []

2a. Mailing Address
 26 **Attn: Frances M. Carpenter**
 27 []
 28 []
 29 []

4. FEI Number
65-0885229

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No **As Attached**

9. Name and Address of Current Registered Agent
**LEON, J E
 9250 WEST FLAGLER STREET
 MIAMI FL 33174**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 []
 84 City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ATKINSON, KAREN	
STREET ADDRESS	700 UNIVERSE BOULEVARD	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Woody, C. O.	
1.3 STREET ADDRESS	700 Universe Blvd.	
1.4 CITY-ST-ZIP	Juno Beach FL 33408	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Yackira, Michael W.	
2.3 STREET ADDRESS	700 Universe Blvd.	
2.4 CITY-ST-ZIP	Juno Beach FL 33408	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Keener, James A.	
3.3 STREET ADDRESS	700 Universe Blvd.	
3.4 CITY-ST-ZIP	Juno Beach FL 33408	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Scalf, James E.	
4.3 STREET ADDRESS	700 Universe Blvd.	
4.4 CITY-ST-ZIP	Juno Beach FL 33408	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Stanton, John W.	
5.3 STREET ADDRESS	700 Universe Blvd.	
5.4 CITY-ST-ZIP	Juno Beach FL 33408	
6.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Boylan, Peter D.	
6.3 STREET ADDRESS	700 Universe Blvd.	
6.4 CITY-ST-ZIP	Juno Beach FL 33408	

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: *Frances M. Carpenter* **FRANCES M. Carpenter** **3/5/99** **561-691-7171**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)