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

**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	Mailing Address						
700 UNIVERSE BOULEVARD JUNO BEACH FL 33408	700 UNIVERSE BOULEVARD JUNO BEACH FL 33408						
Principal Place of Business     The Place of Business     The Place of Business	2a. Mailing Address						
<del>_</del> '	26 Attn: Frances M. Carpen						
<del>_</del> '							

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90005 016 \*\*\*150.00



JUNO BEACH FL 33408  JUNO BEACH FL 33408										
						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
					1	11/18/1998				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For	
21	•	26 Attn: France	s M. (	Carpe	nter	65-0885229		No	t Applicable	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75		
22		27				5. Certificate of Status Desired		Fee Re	equired	
City & State	)	City & State				6. Election Campaign Financing		\$5.00	May Be	
23		28				Trust Fund Contribution		Added		
Zip	Country	Zip Country				8. This corporation owes the current year Intangible As Attach				
24	25	29 30				Personal Property Tax. XXYes □No				
	9. Name and Address of Current	Registered Agent			1	0. Name and Address of New R	egistered A	igent		
. = 01			81	Name					}	
	V, JE		82	Street	Address	(P.O. Box Number is Not Accepta	ble)			
	WEST FLAGLER STREET									
MAIM	11 FL 33174		83			•				
			84	City				85 Zip	Code	
							F <u>L</u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corpora	tion submits this statement for the	purpose of	changing its	registered	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati	f Florida. Such change was auth ons of, Section 607.0505, Florida	onzed by a Statutes	tne corpo i.	oration s	board of directors, I hereby accep	гин арроп	itilisiit as ic	gistered	
_		,							į	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Ager	nt signature re	equired who	en reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	D	XX DELETE	1.1 TITLE		D/P			☐ Change	XX Addition	
NAME	ATKINSON, KAREN		1.2 NAME			dy, C. O.			[	
STREET ADDRESS	700 UNIVERSE BOULEVARD		1.3 STREE	TADDRESS		Universe Blvd.			1	
CITY-ST-ZIP	JUNO BEACH FL 33408		1.4 CITY-S	T-ZIP	Jun	o Beach FL 33408			7777 5 1 22	
TITLE		☐ DELETE	2.1 TITLE		D			☐ Change	XX Addition (	
NAME		•	2.2 NAME		I	kira, Michael W.			İ	
STREET ADDRESS	•		2.3 STREE	TADDRESS		Universe Blvd.			l	
CITY-ST-ZIP			2. 4 CITY-S	ST-ZIP	Jun	o Beach FL 33408	<del></del>			
TITLE		☐ DELETE	3.1 TITLE		V.			Change	XX Addition	
NAME			3.2 NAME			ner, James A.				
STREET ADDRESS			3.3 STREE	TADDRESS		Universe Blvd.			ļ	
CITY-ST-ZIP			3.4. CITY-5	ST-ZiP	Jun	o Beach FL 33408				
TITLE		☐ DELETE	4.1 TITLE		V			Change	XX Addition	
NAME	, ,		4. 2 NAME		1	lf, James E.				
STREET ADDRESS	•		4.3 STREE	TADDRESS		Universe Blvd.	•			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Jun	o Beach FL 33408				
TITLE	,	☐ DELETE	5.1 TITLE		ν			☐ Change	XX Addition	
NAME	•	·	5.2 NAME			nton, John W.			{	
STREET ADDRESS	• .		5.3 STREE	TADORESS	1	Universe Blvd.				
CITY-ST-ZIP	$\mathcal{L}_{i} = \mathcal{L}_{i}$		5.4 CITY-S	ST-ZIP	Jun	o Beach FL 33408				
TITLE		☐ DELETE	6.1 TITLE		D/T	-		☐ Change	XX Addition	
NAME			6.2 NAME		Boy.	lan, Peter D.				
STREET ADDRESS	· · · · ·		6.3 STREE	T ADDRESS		Universe Blvd.				
CITY-ST-ZIP	ing the second of the second o		6.4 CITY- S	ST-ZIP	Jun	o Beach FL 33408				
Otto Contact (Contact)										

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 changes, or on an attachment with an address, with all other like empowered.

Olfrances M. Carpenter SIGNATURE

561-691-7171