

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 Suite, Apt. #, etc.

2a. Mailing Address
26 Attn: Frances M. Carpenter

4. FEI Number
65-0885229

Applied For
 Not Applicable

22 City & State

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

23 Zip Country

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

24 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J E
 9250 WEST FLAGLER STREET
 MIAMI FL 33174**

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