

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 217838 (2)

1. Corporation Name
THE WACKENHUT CORPORATION



Principal Place of Business: 1500 SAN REMO AVE TAX DEPT CORAL GABLES FL 33146 US
Mailing Address: 1500 SAN REMO AVE TAX DEPT. CORAL GABLES FL 33146 US

3. Date incorporated or Qualified: 12/04/1958
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 4200 WACKENHUT DRIVE, Suite, Apt. #, etc. #100, City & State PALM BEACH GARDENS FL, Zip 33410, Country PALM BEACH
2a. Mailing Address: 26 4200 WACKENHUT DRIVE, Suite, Apt. #, etc. #100, City & State PALM BEACH GARDENS FL, Zip 33410, Country PALM BEACH
4. FEI Number: 59-0857245, Applied For Not Applicable
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: ROWAN, JAMES P. 1500 SAN REMO AVENUE CORAL GABLES FL 33146
10. Name and Address of New Registered Agent: 81 Name ROWAN JAMES P, 82 Street Address (P.O. Box Number is Not Acceptable) 4200 WACKENHUT DRIVE #100, 83, 84 City PALM BEACH GARDENS FL, 85 Zip Code 33410

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 Signatures required if on reissuing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKENHUT, GEORGE R.	1.2 NAME	
STREET ADDRESS	20 CASUARINA CONCOURSE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKENHUT, RICHARD R.	2.2 NAME	WACKENHUT, RICHARD R.
STREET ADDRESS	10200 OLD CUTLER RD.	2.3 STREET ADDRESS	135 SOUTH RIVER ROAD
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	STUART FL 34966
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWNELL, PAUL N.	3.2 NAME	IAN A. GREEN
STREET ADDRESS	620 N.W. 92ND AVE.	3.3 STREET ADDRESS	12064 N.W. 15 ST
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, ALAN B.	4.2 NAME	
STREET ADDRESS	8145 S.W. 133RD STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIYAR, JUAN D.	5.2 NAME	
STREET ADDRESS	19121 NW 89 AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 subsequent attachment with an address.

SIGNATURE: _____ Date: 5-1-96 Daytime Phone #: 407 691 6546

CR2E034 (12/95)