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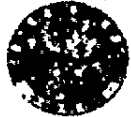
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1995 Annual Report
filed 5-1-95

2 pgs.

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 217838 (2)

1. Corporation Name
THE WACKENHUT CORPORATION

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
State, Apt. #, etc. State, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Zip
24 25 Country 29 30 Country

3. Date incorporated or Quarter 3a. Date of Last Report
12/04/1958 **05/01/1994**
4. FEI Number Accepted For
59-0857245 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ROWAN, JAMES P. 81. Name
1500 SAN REMO AVENUE 82. Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33146 83.
84. City FL 85. State

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 in family with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	WACKENHUT, RICHARD R.	2.2 NAME	
STREET ADDRESS	10200 OLD CUTLER RD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	MIAMI FL	2.4 CITY, ST, ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
NAME	BROWNELL, PAUL N.	3.2 NAME	
STREET ADDRESS	820 N.W. 82ND AVE.	3.3 STREET ADDRESS	
CITY, ST, ZIP	PEMBROKE PINES FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
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		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
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 11.9.07(b)(4), 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.

SIGNATURE: *[Signature]* 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR