

**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	2a. Mailing Address	4. FEI Number	Applied For
21 4200 WACKENHUT DRIVE	26 4200 WACKENHUT DRIVE	59-0857245	Not Applicable
Suite, Apt. #, etc. #100	Suite, Apt. #, etc. #100	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 #100	27 #100	<input type="checkbox"/>	
City & State PALM BEACH GARDENS FL	City & State PALM BEACH GARDENS FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 PALM BEACH GARDENS FL	28 PALM BEACH GARDENS FL	<input type="checkbox"/>	
Zip 33410	Zip 33410	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 33410	29 33410		
Country PALM BEACH	Country PALM BEACH		
25 PALM BEACH	30 PALM BEACH		

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 re-filing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	WACKENHUT, GEORGE R.	
STREET ADDRESS	20 CASUARINA CONCOURSE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WACKENHUT, RICHARD R.	
STREET ADDRESS	10200 OLD CUTLER RD.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BROWNELL, PAUL N.	
STREET ADDRESS	620 N.W. 92ND AVE.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, ALAN B.	
STREET ADDRESS	8145 S.W. 133RD STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MIYAR, JUAN D.	
STREET ADDRESS	19121 NW 89 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WACKENHUT, RICHARD R
2.3 STREET ADDRESS	135 SOUTH RIVER ROAD
2.4 CITY-ST-ZIP	STUART FL 34966
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	IAN A. GREEN
3.3 STREET ADDRESS	12064 N.W. 15 ST
3.4 CITY-ST-ZIP	SUNRISE FL 33323
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 filing with an address.

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

CR2E034 (12/95)