

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

21 4200 WACKENHUT DRIVE

26 4200 WACKENHUT DRIVE

4. FEI Number
59-0857245

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #100

27 #100

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 PALM BEACH GARDENS FL

28 PALM BEACH GARDENS FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33410

25 PALM BEACH

29 33410

30 PALM BEACH

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWAN, JAMES P.
1500 SAN REMO AVENUE
CORAL GABLES FL 33146

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE
NAME WACKENHUT, GEORGE R.
STREET ADDRESS 20 CASUARINA CONCOURSE
CITY-ST-ZIP CORAL GABLES FL

TITLE P ☐ DELETE
NAME WACKENHUT, RICHARD R.
STREET ADDRESS 10200 OLD CUTLER RD.
CITY-ST-ZIP MIAMI FL

TITLE V ☒ DELETE
NAME BROWNELL, PAUL N.
STREET ADDRESS 620 N.W. 92ND AVE.
CITY-ST-ZIP PEMBROKE PINES FL

TITLE V ☐ DELETE
NAME BERNSTEIN, ALAN B.
STREET ADDRESS 8145 S.W. 133RD STREET
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE
NAME MIYAR, JUAN D.
STREET ADDRESS 19121 NW 89 AVENUE
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ 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 ☐ Change ☒ 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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 this attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-96 407 691 6546

CR2E034 (12/95)