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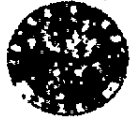
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1995 Annual Report
filed 5-1-95

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
TAX DEPT
CORAL GABLES FL 33146
US** **1500 SAN REMO AVE
TAX DEPT.
CORAL GABLES FL 33146
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 Country Zip Country
24 25 29 30

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

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
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL 85 DE CORP**

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

TITLE	CEO
NAME	WACKENHUT, GEORGE R.
STREET ADDRESS	20 CASUARINA CONCOURSE
CITY, ST, ZIP	CORAL GABLES FL
TITLE	P
NAME	WACKENHUT, RICHARD R.
STREET ADDRESS	10200 OLD CUTLER RD.
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	BROWNELL, PAUL N.
STREET ADDRESS	820 N.W. 82ND AVE.
CITY, ST, ZIP	PEMBROKE PINES FL
TITLE	V
NAME	BERNSTEIN, ALAN B.
STREET ADDRESS	8145 S.W. 133RD STREET
CITY, ST, ZIP	MIAMI FL
TITLE	V
NAME	MIYAR, JUAN D.
STREET ADDRESS	19121 NW 89 AVENUE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Address
62. NAME	
63. STREET ADDRESS	
64. 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 11.9.0730(a), 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: *Paul N. Brownell* 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR