**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

DOCUMENT # **P95000085013 (7)**

1. Corporation Name

**DIVERSIFIED FOOD AND SUPPORT SERVICES, INC.**

900001859169
-06/12/96--01018--039
***200.00

| Principal Place of Business | Mailing Address |
|---|---|
| 1500 SAN REMO AVE.<br>CORAL GABLES FL 33146 | 1500 SAN REMO AVE.<br>CORAL GABLES FL 33146 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 4200 WACKENHUT DRIVE | 26 4200 WACKENHUT DRIVE |
| 22 Suite, Apt. #, etc #100 | 27 Suite, Apt. #, etc #100 |
| 23 City & State PALM BEACH GARDENS FL | 28 City & State PALM BEACH GARDENS FL |
| 24 Zip 33410 25 Country PALM BEACH | 29 Zip 33410 30 Country PALM BEACH |

3. Date Incorporated or Qualified: 11/06/1995
3a. Date of Last Report:
4. FEI Number: 65-0633247 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| ROWAN, JAMES P<br>1500 SAN REMO AVE.<br>CORAL GABLES FL 33146 | 81 Name: ROWAN, JAMES P.<br>82 Street Address (P.O. Box Number is Not Acceptable): 4200 WACKENHUT DRIVE #100<br>83<br>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 _____ DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | DC | ☐ DELETE | 1.1 TITLE | DC ☒ Change ☐ Addition |
| NAME | WACKENHUT, GEORGE R | | 1.2 NAME | WACKENHUT, GEORGE R |
| STREET ADDRESS | 1500 SAN REMO AVE. | | 1.3 STREET ADDRESS | 4200 WACKENHUT DRIVE #100 |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | | 1.4 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | D | ☐ DELETE | 2.1 TITLE | D ☒ Change ☐ Addition |
| NAME | WACKENHUT, RICHARD R | | 2.2 NAME | WACKENHUT RICHARD R |
| STREET ADDRESS | 1500 SAN REMO AVE. | | 2.3 STREET ADDRESS | 4200 WACKENHUT DRIVE #100 |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | | 2.4 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | D | ☐ DELETE | 3.1 TITLE | D ☒ Change ☐ Addition |
| NAME | BERNSTEIN, ALAN B | | 3.2 NAME | BERNSTEIN, ALAN |
| STREET ADDRESS | 1500 SAN REMO AVE. | | 3.3 STREET ADDRESS | 4200 WACKENHUT DRIVE #100 |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | | 3.4 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | P | ☐ DELETE | 4.1 TITLE | P ☒ Change ☐ Addition |
| NAME | REYNOLDS, BRIAN T | | 4.2 NAME | Reynolds, Brian T. |
| STREET ADDRESS | 1500 SAN REMO AVE. | | 4.3 STREET ADDRESS | 4200 WACKENHUT DRIVE #100 |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | | 4.4 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | S | ☐ DELETE | 5.1 TITLE | S ☒ Change ☐ Addition |
| NAME | ROWAN, JAMES P | | 5.2 NAME | ROWAN JAMES P |
| STREET ADDRESS | 1500 SAN REMO AVE. | | 5.3 STREET ADDRESS | 4200 WACKENHUT DRIVE #100 |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | | 5.4 CITY-ST-ZIP | PALM BEACH GARDENS FL 33410 |
| TITLE | T | ☒ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | DECOOK, RICHARD C | | 6.2 NAME | |
| STREET ADDRESS | 1500 SAN REMO AVE. | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33146 | | 6.4 CITY-ST-ZIP | |

5-1-96 AEP

CR2E034 (12/95)

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)(i), 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 attached sheet with an address.

**SIGNATURE:** _____ 5/1/96 407 691-6546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number