

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000075304 (1)

1. Corporation Name
OO/COL/02, INC.



Principal Place of Business
4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS FL 33410-4243

Mailing Address
4200 WACKENHUT DRIVE
SUITE 100
PALM BEACH GARDENS FL 33410-4243

3. Date Incorporated or Qualified
09/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0693260

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
% THE WACKENHUT CORPORATION
4200 WACKENHUT DRIVE, #100
PALM BEACH GARDENS FL 33410-4243

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WACKENHUT, GEORGE R	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WACKENHUT, RICHARD R	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNEIP, ROBERT C	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAYOTTE, TERRANCE A	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUSBAUM, SANDRA L	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	ASST TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	IAN A. GREEN	
1.3 STREET ADDRESS	4200 WACKENHUT DR #100	
1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410-4243	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)