

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

FILED  
Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P96000075322 (3)

1. Corporation Name  
OO/FL/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
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1996	
21		26		4. FEI Number 65-0693252	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country			

g. Name and Address of Current Registered Agent

ROWAN, JAMES P  
THE WACKENHUT CORPORATION  
4200 WACKENHUT DRIVE, #100  
PALM BEACH GARDENS FL 33410-4243

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 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKENHUT, GEORGE R	1.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACKENHUT, RICHARD R	2.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNEIP, ROBERT C	3.2 NAME	Kneip, Robert C.
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	3.3 STREET ADDRESS	4200 Wackenhut Drive, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	3.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYOTTE, TERRANCE A	4.2 NAME	Mayotte, Terry P.
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	4.3 STREET ADDRESS	4200 Wackenhut Drive, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	4.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	O/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSBAUM, SANDRA L	5.2 NAME	Nusbaum, Sandra L.
STREET ADDRESS	4200 WACKENHUT DRIVE, #100	5.3 STREET ADDRESS	4200 Wackenhut Drive, #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	5.4 CITY-ST-ZIP	Palm Beach Gardens FL 33410
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	GREEN, IAN A	6.2 NAME	
STREET ADDRESS	4200 WACKENHUT DR., #100	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	

14. I 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]*

4/9/98

CR2E034 (10/97)