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Apr 21 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 # P96000100084 (8)

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



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

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

3. Date Incorporated or Qualified 12/11/1996	3a. Date of Last Report 12/11/1996
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

ROWAN, JAMES P
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. City
84. State 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 _____ (NOTE: Registered Agent Signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ASST TREAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WACKENHUT, GEORGE R	1.2 NAME	JAN GREEN
STREET ADDRESS	4200 WACKENHUT DRIVE #100	1.3 STREET ADDRESS	4200 WACKENHUT DR #100
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	1.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
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	
NAME	KNEIP, ROBERT C	3.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MAYOTTE, TERRANCE A	4.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	NUSBAUM, SANDRA L	5.2 NAME	
STREET ADDRESS	4200 WACKENHUT DRIVE #100	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410-4243	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0006200

CR2E034 (9/96)