03-04-1999 90235 010 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P9700003948**1. Corporation Name

WACKENHUT RESOURCES, INCORPORATED

Principal Place of Business Mailing Address							1 1 00 11001 110	FORM TRANS BOILD BOX		4138 1114 1411	01001 (\$13 IUE)
4200 WACKENH		_	200 WACKENHUT DRIVE				,				-
SUITE 100		SUITE 100	SUITE 100								
PALM BEACH GARDENS FL 33410-4243 PALM BEA			BEACH GARDENS FL 33410-4243			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
							01/14/1997	o or Qualieu			
9 Principal DI	ace of Business	2a, Mailing Add	tress				4. FEI Number			Ap	plied For
- i '	ace of Equiness	26				ļ	65-0731524	•			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					tur Daving		\$8.75	Additional
22	··, ·····	27					5. Certificate of Sta	itus Desired	ــــــــــــــــــــــــــــــــــــــ	Fee Rê	quired
City & State			City & State				6. Election Campa	ign Financing	П	\$5.00	May Be
23		28	28				Trust Fund Con	tribution	<u></u>	. Added t	to Fees
Zip	Country	Zip		Country		ļ	8. This corporation	owes the curre	-		_
24	25	29	30				Personal Proper			Yes	□No
	9. Name and Address of Curren	t Registered Agent	t				10. Name and Add	ress of New R	egistered /	Agent	
DOM	AN IAMES D			81	Name						
ROWAN, JAMES P % 4200 WACKENHUT DRIVE				82	Stree	et Addres	dress (P.O. Box Number is Not Acceptable)				
SUITE 100				-							
PALM BEACH GARDENS FL 33410-4243				83	}						}
FALI	DEACH GARDENOTE SOFTO	240		84	City				FL	85 Zip (Code
					L		The state of the state of	tomant for the		changing its	registered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such cha	inge was autho	rized by	the co	rporation	's board of directors.	I hereby accep	t the appoir	itment as re	gistered
agent. I ar	m familiar with, and accept the obliga-	tions of, Section 607	7.0̃505, Florida	Statutes			•				
SIGNATURE					7 - 3	- India			DATE		
	Signature, typed or printed name of registered ager	ID DIRECTORS	(NOTE: Reg	13.	it signatui	e required v	when reinstating) ADDITIONS/CHA	NGES TO OF		D DIRECTO	RS IN 12
TITLE	DC OFFICERO AN		DELETE	1.1 TITLE		\top				_ Change	☐ Addition
NAME	WACKENHUT, GEORGE R	··· -		1.2 NAME		1		-		•	{
STREET ADDRESS	4200 WACKENHUT DRIVE , #1	100		1.3 STREE	r ADDRÉS	is		-	*		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33			1,4 CITY-S				_			
TITLE	0		DELETE	2.1 TITLE		\top				Change ن ک	☐ Addition
NAME	WACKENHUT, RICHARD R		•	2.2 NAME					•, • •	,	1
STREET ADDRESS	4200 WACKENHUT DRIVE, #1	100		2.3 STREE	TADDRES	ss		T> (****)			. [
CITY-ST-ZIP	PALM BEACH GARDENS FL 33			2. 4 CITY-5	T-ZIP	1 -		·			
TITLE	DP		DELETE	3.1 TITLE			<u> </u>		`	Change	☐ Addition
NAME	KNEIP, ROBERT C		ſ	3.2 NAME		[1
STREET ADDRESS	4200 WACKENHUT DRIVE, #1	l 00	1	3.3 STREE	TADDRES	ss					
CITY-ST-ZIP	PALM BEACH GARDENS FL 33	3410-4243		3.4, CITY-5	T-ZIP	Ш.		,			
TITLE	DT		DELETE	4.1 TITLE		'	=		-	ange	Addition
NAME	MAYOTTE, TERRANCE A			4. 2 NAME		ļ					
STREET ADDRESS	4200 WACKENHUT DRIVE , #1	100		4.3 STREE	T ADDRES	ss					
CITY-ST-ZIP	PALM BEACH GARDENS FL 33			4.4 CITY-S	T-ZIP		<u> </u>	<u> </u>		 -	
TITLE	DV		DELETE	5.1 TITLE] '				nge	☐ Addition
NAME	NUSBAUM, SANDRA L			5.2 NAME							
STREET ADDRESS	4200 WACKENHUT DRIVE, #1			5.3 STREE		3S				-:	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33			5.4 CITY-S	T-ZIP						
TITLE	AT		DELETE	6.1 TITLE						·Change	Addition
NAME	GREEN, IAN			6.2 NAME		!					
STREET ADDRESS	12764 N.W. 15 ST.			6.3 STREE	T ADDRES	\$S		_			ļ

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 appears with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR