

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

FILED
Apr 28 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 # P97000084478 (1)

1. Corporation Name

TWC/FL/02, INC.



Principal Place of Business

Mailing Address

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

4200 WACKENHUT DRIVE #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	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/30/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0784244	
24 Country		29 Country		Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 DR. #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 fee 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	WACKENHUT, RICHARD R	<input type="checkbox"/> DELETE	1.1 TITLE	PIC	WACKENHUT, Richard R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4200 WACKENHUT DRIVE #100		1.2 NAME		135 South River Road	
STREET ADDRESS		PALM BEACH GARDENS FL 33410-4243		1.3 STREET ADDRESS		Stuart FL 34996	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	BERNSTEIN, ALAN B	<input type="checkbox"/> DELETE	2.1 TITLE	V	Bernstein, Alan B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4200 WACKENHUT DRIVE #100		2.2 NAME		4652 SW Branch Terr.	
STREET ADDRESS		PALM BEACH GARDENS FL 33410-4243		2.3 STREET ADDRESS		Palm City, FL 34990	
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	3.1 TITLE	V	Green, Ian	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				3.2 NAME		12764 NW 15 St.	
STREET ADDRESS				3.3 STREET ADDRESS		Surprise FL 33323	
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	4.1 TITLE	VIS	Rowan, James P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				4.2 NAME		5628 Eagle Lake Dr.	
STREET ADDRESS				4.3 STREET ADDRESS		Palm Beach Gardens FL 33418	
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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

CR2E034 (1097)