

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATE RECORDS
CORPORATION
CORPORATION
CORPORATION

APPROVED
AND
FILED

DOCUMENT # S13865

(8)

95 MAY -1 PM 11:33

WACKENHUT SPORTS SECURITY, INC.

SECURITY
TALLAHASSEE, FLORIDA

1500 SAN REMO AVENUE
CORAL GABLES FL 33146

1500 SAN REMO AVENUE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

2. Filing Date (Month/Day/Year)		3a. Date of Last Report	
11/15/1990		05/01/1994	
4. FIC Number		5. Certificate of Status (Required)	
65-0229786		[] \$8.75 Additional Fee Required	
6. Election Campaign Financing (Trust Funds Candidates)		[] \$5.00 May Be Added to Fees	
8. This corporation has liability for all reports for under 25,000 in Florida Statutes		[X] Yes [] No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROMAN, JAMES P. 1500 SAN REMO AVENUE CORAL GABLES FL 33146		[] Name [] Street Address (P.O. Box Number is Not Acceptable) [] [] City, State, Zip	

11. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct copy of the report as the same appears in the records of the Department of State.

12. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct copy of the report as the same appears in the records of the Department of State.

NAME	ADDRESS	PHONE	TELETYPE	FAX	TELEFAX
PD BERNSTEIN, ALAN B. 1500 SAN REMO AVE. CORAL GABLES FL					
SVD ROWAN, JAMES P. 1500 SAN REMO AVE. CORAL GABLES FL					
VTD BROWNELL, PAUL 1500 SAN REMO AVE. CORAL GABLES FL					
COB WACKENHUT, GEORGE R. 20 CASUARINA CONCOURSE CORAL GABLES FL					
AS KEANE, JOHN P. 4 BELWYN LN CERTERACH NY					

14. I, the undersigned, being a duly qualified officer or director of the corporation, do hereby certify that the foregoing is a true and correct copy of the report as the same appears in the records of the Department of State.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-66-95