

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S34725** (9)

1. Corporation Name

**WACKENHUT MONITORING SYSTEMS, INC.**



Principal Place of Business

1500 SAN REMO AVENUE  
CORAL GABLES FL 33146

Mailing Address

1500 SAN REMO AVENUE  
CORAL GABLES FL 33146

3. Date Incorporated or Qualified  
**02/28/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **4200 WACKENHUT DRIVE**

2a. Mailing Address  
26 **4200 WACKENHUT DR**

4. FEI Number  
**65-0249123**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22 **#100**

Suite, Apt. #, etc.  
27 **(SUITE) #100**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State  
23 **PALM BEACH GARDENS FL**

City & State  
28 **PALM BEACH GARDENS FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip  
24 **33410**

Country  
25 **PALM BEACH**

Zip  
29 **33410**

Country  
30 **PALM BEACH**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROWAN, JAMES P.  
1500 SAN REMO AVENUE  
CORAL GABLES FL 33146

81 Name  
**ROWAN JAMES**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4200 WACKENHUT DRIVE #100**

83

84 **PALM BEACH GARDENS FL** 85 Zip Code  
**33410**

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WACKENHUT, GEORGE R.  
1500 SAN REMO AVE.  
CORAL GABLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WACKENHUT, RICHARD R.  
1500 SAN REMO AVE.  
CORAL GABLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
COLE, TIMOTHY P.  
1500 SAN REMO AVE.  
CORAL GABLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
BROWNELL, PAUL N  
620 NW 92 AVE  
PEMBROKE PINES FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VS  
ROWAN, JAMES P.  
1500 SAN REMO AVE.  
CORAL GABLES FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
WACKENHUT, GEORGE  
4200 WACKENHUT DRIVE #100  
PALM BEACH GARDENS FL 33410 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
WACKENHUT RICHARD  
4200 WACKENHUT DRIVE #100  
PALM BEACH GARDENS FL 33410 ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
DP  
COLE, TIMOTHY  
4200 WACKENHUT DRIVE #100  
PALM BEACH GARDENS FL 33410 ☒ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
VP  
JIM GREEN  
12764 N.W. 15th St  
SUNRISE, FL 33323 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
VS  
ROWAN JAMES P  
4200 WACKENHUT DRIVE #100  
PALM BEACH GARDENS FL 33410 ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/96 407 691-8546

CR2E034 (12/95)