

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90235 012 \*\*\*150.00

DOCUMENT # S34725

1. Corporation Name

WACKENHUT MONITORING SYSTEMS, INC.

Principal Place of Business

4200 WACKENHUT DRIVE  
#100  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

4200 WACKENHUT DRIVE  
#100  
PALM BEACH GARDENS FL 33410  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1991

4. FEI Number

65-0249123

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROWAN, JAMES P.  
4200 WACKENHUT DRIVE  
#100  
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME WACKENHUT, GEORGE R.  
STREET ADDRESS 4200 WACKENHUT DRIVE, #100  
CITY-ST-ZIP PALM BEACH GARDENS FL  
☐ DELETE

TITLE P  
NAME BERNSTEIN, ALAN B  
STREET ADDRESS 4652 SW BRANCH TERR  
CITY-ST-ZIP PALM CITY FL 33410  
☐ DELETE

TITLE AT  
NAME GREEN, IAN  
STREET ADDRESS 12764 N.W. 15TH ST  
CITY-ST-ZIP SUNRISE FL 33323  
☐ DELETE

TITLE V  
NAME ROWAN, JAMES P.  
STREET ADDRESS 4200 WACKENHUT DRIVE, #100  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☒ Change ☐ Addition  
1.2 NAME GEORGE R WACKENHUT  
1.3 STREET ADDRESS 80 CAQUARINA CONCOURSE  
1.4 CITY-ST-ZIP CORAL GABLES, FL. 33143

2.1 TITLE DIRECTOR + PRESIDENT ☒ Change ☐ Addition  
2.2 NAME ALAN B. BERNSTEIN  
2.3 STREET ADDRESS 4652 S.W. BRANCH TERRACE  
2.4 CITY-ST-ZIP PALM CITY, FL. 34990

3.1 TITLE ASST. TREASURER ☒ Change ☐ Addition  
3.2 NAME IAN A. GREEN  
3.3 STREET ADDRESS 12764 N.W. 15TH STREET  
3.4 CITY-ST-ZIP SUNRISE, FL. 33323

4.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
4.2 NAME JAMES P. ROWAN  
4.3 STREET ADDRESS 5628 EAGLE LAKE DRIVE  
4.4 CITY-ST-ZIP PALM BEACH GARDENS, FL. 33410

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN A. GREEN

2/4/99

Date

561-622-5656

Daytime Phone #

CR2E034 (1/98)

0328395