

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995. AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**FILED**

95 JUN -7 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # P94000063582 (8)**

1. Corporation Name

**AIRBORNE SECURITY & SERVICES, INC.**

Principal Place of Business

3575 N.E. 207TH STREET, 820  
AVENTURA FL 33180

Mailing Address

C/O ADVANCE SECURITY  
2064 PEACHTREE ROAD N.E. SUITE 2100  
ATLANTA GA 30305

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/28/1994

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 2964 PEACHTREE RD NE STE 200

28 City & State

29 Zip

30 Country

4. FEI Number

65-0516597

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

6. The corporation has liability for intangible tax under s. 109.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 ORINGER, KENNETY W  
STREET ADDRESS 89 HEADQUARTERS PLAZA, NORTH TWR, 14TH FL.  
CITY - ST - ZIP MORRISTOWN NJ 07960

TITLE D  
NAME SCHNEIDER, CHARLES R  
STREET ADDRESS 89 HEADQUARTERS PLAZA, NORTH TWR, 14TH FL.  
CITY - ST - ZIP MORRISTOWN NJ 07960

TITLE D  
NAME MASSEMEI, GUIDO R  
STREET ADDRESS 2064 PEACHTREE ROAD  
CITY - ST - ZIP ATLANTA GA 30341

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
1.2 NAME 900001509399  
1.3 STREET ADDRESS -06/09/95--01016--009  
1.4 CITY - ST - ZIP \*\*\*\*\*225.00 \*\*\*\*\*225.00

2.1 TITLE  Change  Addition  
2.2 NAME 900001509399  
2.3 STREET ADDRESS -06/09/95--01016--010  
2.4 CITY - ST - ZIP \*\*\*\*\*8.75 \*\*\*\*\*8.75

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

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

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

14. I do hereby certify that the information supplied with this report 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 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; and that I am a resident of the State of Florida or a resident of another state and am authorized to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if it is the same as the name with an address.

SIGNATURE: CHARLES R. Schneider 6-6-95 404-231-1210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)