

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000063582 (8)

1. Corporation Name

AIRBORNE SECURITY & SERVICES, INC.



Principal Place of Business

Mailing Address

3575 N.E. 207TH STREET, B20
AVENTURA FL 33180

C/O ADVANCE SECURITY
2964 PEACHTREE DRIVE SUITE 200
ATLANTA GA 30805

3. Date Incorporated or Qualified 08/29/1994	3a. Date of Last Report 06/07/1995
4. FEI Number 65-0516597	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	25
29	30

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VICE President Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORINGER, KENNETY W	1.2 NAME	
STREET ADDRESS	89 HEADQUARTERS PLAZA, NORTH TWR, 14TH FL.	1.3 STREET ADDRESS	2964 PEACHTREE RD NE STE 200
CITY-ST-ZIP	MORRISTOWN NJ 07960	1.4 CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	President-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, CHARLES R	2.2 NAME	
STREET ADDRESS	89 HEADQUARTERS PLAZA, NORTH TWR, 14TH FL.	2.3 STREET ADDRESS	2964 PEACHTREE RD NE STE 200
CITY-ST-ZIP	MORRISTOWN NJ 07960	2.4 CITY-ST-ZIP	ATLANTA, GA 30305
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEMEI, GUIDO R	3.2 NAME	
STREET ADDRESS	2964 PEACHTREE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30341	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CHARL D. THOMA
STREET ADDRESS		4.3 STREET ADDRESS	6100 SOMERSET TOWER
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CHICAGO, IL 60606
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 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, or on an attachment with an address.

SIGNATURE:

Kenneth W. Oringer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-96

Date:

404-231-1213

Daytime Phone #

CR2E034 (12/95)